United Nations CRC/C/ERI/4

Convention on the Rights of the Child

Distr.: General
2 January 2014

Original: English

Committee on the Rights of the Child

Consideration of reports submitted by States parties under article 44 of the Convention

Fourth periodic reports of States parties due in 2011

Eritrea*

[28 March 2012]

* The present document is being issued without formal editing.

GE.14-40029
1440029

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Abbreviations

ACRWC	African Charter on the Rights and Welfare of Children
AFP	Acute Flaccid Paralysis
ANC	Antenatal Care
ARI	Acute Respiratory Infection
ATEI	Asmara Teachers Education Institute
ART	Antiretroviral Therapy
BCC	Behaviour Change Communication
BCG	Bacillous Calnette Guerin
BMS	Breast Milk Substitutes
BoD	Burden of Diseases
CAH	Child and Adolescent Health
CBGH	Community Based Group Homes
CBRP	Community Based Rehabilitation/Reunification Programme
CBRV	Community Based Rehabilitation Volunteers
CBTF	Community Based Therapeutic Feeding
CC	Cold Chain
CCWL	Children in Conflict With the Law
CEDAW	Convention for the Elimination of Discrimination against Women
CEE	Complementary Elementary Education
CHD	Coronary Heart Disease
CLTS	Community Led Total Sanitation
CPD	Continuing Professional Development
CRC	Convention on the Rights of the Child
CSEC	Commercially Sexually Exploited Children
CSS	Child Survival Strategy
CSTR	Combined Second and Third Report
CVT	Centre for Vocational Training
CWD	Children with Disability
CWBC	Child Well-Being Committee
CBRV	Community-Based Rehabilitation Volunteers
DCW	Division of Child Welfare
DPCE	Draft Penal Code of Eritrea
DPT	Diphtheria
ECCE	Early Childcare and Education
ECD	Early Childhood Development
EFA	Education for All
EmNOC	Emergency Neonatal and Obstetric Care
EPHS	Eritrea Population and Health Survey
EPI	Expanded Programme of Immunization
ERP	Education Reform Programme

ESDP	Education Sector Development Programme
ESMG	Eritrean Social Marketing Group
FBOs	Faith-Based Organization
FBTF	Facility-Based Therapeutic Feeding
FCHC	Family and Community Health Care
FGM/C	Female Genital Mutilation/Cutting
GAVI	Global Alliance for Vaccines and Immunization
GDP	Gross Domestic Product
GER	Gross Enrolment Ratio
GF	Global Fund
GIS	Geographic Information System
GNP	Gross National Product
GoSE	Government of the State of Eritrea
HAMSET	HIV/AIDS, Malaria, Sexually Transmitted Infections and Tuberculosis
HBC	Home-Based Care
HTS	Hagaz Technical School
ICRC	International Committee of the Red Cross
ICT	Information Communication Technology
IDD	Iodine Deficiency Disorder
IEC	Information Education Communication
IECD	Integrated Early Childhood Development
IE	Inclusive Education
IDSR	Integrated Disease Surveillance Report
ILO	International Labour Organization
IMAM	Integrated Management of Acute Malnutrition
IMR	Infant Mortality Rate
IPD	In-Patient Department
LSS	Life Saving Skills
MDGs	Millennium Development Goals
MIS	Management Information System
MMR	Maternal Mortality Rate
MNCH	Maternal Neonatal Child Health
MNT	Maternal Neonatal Treatment
MoE	Ministry of Education
MoFA	Ministry of Foreign Affairs
MoFMR	Ministry of Fishery and Marine Resources
MoH	Ministry of Health
MoI	Ministry of Information
MoJ	Ministry of Justice
MoLHW	Ministry of Labour and Human Welfare
MoND	Ministry of National Development
MSB	Martyrs' Survivors Benefit
MTR	Mid-Term Review

MUAC	Mid Upper Arm Circumference
MWH	Maternity Waiting Homes
NATCoD	National Tuberculosis Control Division
NBTC	National Blood Transfusion Centre
NCH	National Child Health
NCSS	National Child Survival Strategy
NER	Net Enrolment Ratio
NGO	Non-Governmental Organization
NGP	National Gender Policy
NHSS	National Health Sector Strategy
NNSS	National Nutrition Sentinel Surveillance
NNT	Neonatal Tetanus
NPA	National Plan of Action
NRS	Northern Red Sea/Semenawi Keih Bahri
NSO	National Statistics Office
NUEW	National Union of Eritrean Women
NUEYS	National Union of Eritrean Youth and Students
ODF	Open Defecation Free
ODL	Open Distance Learning
OPL	Open Pit Latrine
OPD	Out Patient Department
OPV	Oral Polio Vaccine
ORP	Orphan Reunification Programme
ORS	Oral Dehydration Solution
OVCs	Orphan and Vulnerable Children
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PNC	Post-Natal Care
PPC	Post-Partum Care
PHC	Primary Health Care
QMS	Quality Management System
RBM	Roll Back Malaria
RCCS	Rural Community Care Centres
RDT	Rapid Diagnostic Treatment
RH	Reproductive Health
SBA	Skilled Birth Attendant
SFPC	Supplementary Feeding Programme Centre
SOS	Sustainable Outreach Services
SMCP	Savings and Microcredit Programme
SRS	Southern Red Sea/Debubawi Keih Bahri
STI	Sexually Transmitted Infections
TB	Tuberculosis
TCPC	Transitional Criminal Procedure Code

ToT	Training of Trainers
TBA	Traditional Birth Attendant
TCCE	Transitional Civil Code of Eritrea
TPCE	Transitional Penal Code Eritrea
TT	Tetanus Toxoid
TVET	Technical Vocational Education Training
UDHR	Universal Declaration of Human Rights
OHCHR	Office of the United Nations High Commissioner for Human Rights
UPR	Universal Periodic Report
VCT	Voluntary Counselling and Testing
VMA	Vaccine Management Assessment
VST	Vocational Skills Training
WSEAP	Water Supply Emergency Action Plan
WHO	World Health Organization
WG	Working Group
WSC	World Summit for Children

Map of Eritrea

Eritrea: basic indicators

I. General

Land area in km^2 = 125,700

II. Social indicators

Literacy rate: population aged 15 and over = 67.4% (2010)

Pre-primary school attendance = 21.0% (2010)

Elementary school enrolment = 66.5% (2010)

Middle school enrolment = 48.5% (2010)

Secondary school enrolment = 23.4% (2010)

Mortality among infants per 1,000 live births = 42 (2010)

Mortality among children under 5 years per 1,000 live births = 63 (2010)

Maternal mortality rate per 100,000 = 486 (2010)

Women's antenatal care from health professionals = 88.5% (2010)

Births assisted by health professionals = 34.1% (2010)

Births delivered in health facilities = 33.7% (2010)

Unassisted urban births = 27.1% (2010)

Unassisted rural births = 83.1% (2010)

Vaccination against measles, year for children under 5 = 91.4% (2010)

Vaccination against poliomyelitis (Polio3): children under 5 = 90.5% (2010)

Vaccination against BCG: children under 5 = 94.8% (2010)

Vaccination against DPT (DPT3), for children under 5 = 92.8% (2010)

Number of children under 18 years of age = 1,474,904 (2010)

Population percentage of children under 18 years of Age = 15.7 (2010)

Number of inhabitants per physician = 1:21,511 (WHO – 2010)

Executive summary

1. This document is the Fourth Comprehensive Country Report on the implementation of the Convention of the Rights of the Child. The report updates Eritrea's second and third combined reports, and wherever applicable contains cross references to those concerns and recommendations of the Convention on the Rights of the Child Committee (CRC) in relation to Eritrea's previous report. When read in conjunction with the first and the combined second and third reports (CSTR), it demonstrates Eritrea's commitment to improvement in the implementation of the Convention. More specifically, the report presents policy initiatives, child-friendly legislation enacted, programmes that have been implemented, as well as the special protection measures undertaken targeting children under difficult social and economic circumstances.

2. Eritrea envisions the development of a prosperous nation in which every citizen enjoys a high standard of living and where social justice prevails. This goal is intended to be achieved through the hard work and dedication of its people. The ultimate development objective of the Government of the State of Eritrea (GoSE) is to attain rapid, sustainable and widely shared economic growth on an environmentally sound footing. This is to be realized by reinvigorating economic growth, creating income-earning opportunities for the poor, enhancing access to and utilization of essential services for human development, promoting political, economic and social participation of the population, and putting in place the enabling environment.

3. Attaining food security, on a sustainable basis, is a national priority and the basis for sustainable development and poverty reduction. The goal of food security is to ensure that all Eritreans have sufficient quantity of acceptable quality food at affordable prices at any time within the country. The strategy for the attainment of national food security includes enhancing the domestic food production capacity and increasing the national capacity to import an adequate quantity of food supply. Although the intent of the GoSE is to reduce dependency on food assistance, its efforts also aim at enhancing the effective use of food assistance to fill the supply gap in the event of emergencies. Agricultural production is to be increased by improving productivity through expansion and modernization of rain-fed cultivation in fertile areas with adequate rainfall. Furthermore, production of high value cash crops and livestock is to be enhanced by increasing areas under irrigation as well as by development of peri-urban dairy industry.

4. Eritrea's development strategy also gives primacy to investment in human resources, technology and basic infrastructure. In general, all the policy initiatives and development efforts are expected to reduce the poverty level, and geared towards ensuring and safeguarding the rights and well-being of children through development. In this regard, the CRC is considered one of the legal instruments for addressing the needs of children particularly in the areas of childcare and protection, and health and education. Its provisions which encompass legal, economic, social and cultural spheres require profound changes on how children are perceived and on how to approach and establish policies that determine the living conditions of children. The GoSE is also cognizant that the CRC requires the allocation of considerable resources over an extended period of time.

5. This fourth CRC report recounts the progress that Eritrea has made in the areas of the rights of children, youth and women, the justice system, food security, social protection, education and health. Numerous advocacy seminars and workshops to the public at large have been carried out through audio, visual and print media.

6. To effectively expedite the implementation of the CRC, the GoSE established a national interministerial committee composed of the ministries of Labour and Human Welfare (MoLHW), Justice (MoJ), Education (MoE) and Health (MoH) mandated to oversee and monitor the implementation of all areas of the CRC in a coordinated manner. A technical committee drawn from the above ministries, regional administrations and civil society organizations, and child well-being committees, have also been established at national and regional levels to look after the technical aspects of the CRC across the sectors in an integrated manner. As part of the coordinating, implementation and monitoring modality, the GoSE has also expanded social welfare services at subregional levels, and the Government believes that this is one of the main achievements of the period under review.

7. All these measures indicate the importance, among others, Eritrea attaches to the need to adhere to international norms and standards and thereby improve the livelihood of its children. Nonetheless, post-conflict war recovery programmes have been impaired by uncertainties associated with Ethiopia's failure to be bound by and implement the final and binding Eritrea-Ethiopia Boundary Commission decision and the Algiers Agreement.

8. The right to life and the CRC non-discrimination principle are obligatory and well incorporated in all the main codes of the country. To ensure that these provisions are respected and implemented, the MoJ and the MoLHW monitor the principles enshrined in the CRC and in the transitional codes. The MoLHW in collaboration with the MoJ and MoI has been conducting media-based countrywide long-term sensitization programmes to change societal norms and behaviour that discriminate against children in general and disabled and vulnerable groups in particular.

9. Acting in the best interests of the child is a key principle underpinning legislation and practices concerning children in Eritrea, including the developments outlined in this fourth report. The concept has always been locally expressed as *tsetsibuqu n'qol'u* which means "all the good things for children", confirming that traditional practice of Eritrean society protects and considers, first and foremost, what is best for children. Furthermore, this cardinal principle has been vouched in article 2 of the Transitional Civil Code of Eritrea (TCCE).

10. The policy of the GoSE regarding the survival and development of children focuses on removing social and economic distinction and, hence, strives to guarantee children their inalienable rights to a healthy and happy life. Once born, all children are entitled to an identity and citizenship. This inalienable right of the child is legally protected even prior to birth by the safeguards laid down in the relevant codes related to marriage, motherhood and the family. Families, schools, communities, and State institutions have a duty to follow up the overall development of children through the provision of food, shelter, education and health care. Eritrean children are given vaccinations against several communicable diseases. Extensive work is being done on sex education, reproductive health and nutrition to promote healthy lifestyles.

11. The institutions of the GoSE implement policies concerning the comprehensive protection of children which reflect the values and norms of the society, and as required, the MoLHW participates in non-judicial proceedings to ensure the best outcome for the children concerned. This includes overseeing and maintaining the correct legal treatment of children, and accordingly, representing and defending those who lack legal counsel. The Proclamation to Abolish Female Genital Circumcision followed by an intensive advocacy and sensitization campaigns is a vivid testimony of the commitment of the people and Government to ensure the best interest of the child.

12. During the reporting period, for example, the NUEW and the NUEYS have been working towards ensuring gender equality in elementary and middle level education through increased participation to enhance the academic performance of female students. As a result, more than 80% of those girls that participated in the project passed the Grade Eight National Examinations, dropout rate was reduced by about 70%, and communities increased their awareness of the importance of girls' education. The report from the NUEYS reveals that 3,360 girl students from 84 classes in 6 region schools benefited from this project.

13. The NUEYS has also been organizing youth and adolescent members around clubs based on their choices. Such clubs play a crucial role in training, advocating, sensitizing, and providing information to members and their target peers and to communities at large so as to create a platform for dialogue, debate, and discussion among youth and between youth and the community. Children have been encouraged, through the provision of mass media airtime, to freely air their views thus enabling them to seek, receive and impart information of interest.

14. During the period under review, the GoSE through the MoLHW has continued its policy of community-based approach in the institutionalization of orphaned children by: (a) organizing their integration with extended families, and reunifying them with their blood relatives by providing decent social support programmes; and (b) facilitating their adoption and foster care by host families or placing them in community-based group homes or hosting orphans in orphanage centres for those who could not be accommodated in other ways.

15. Based on the rights of personalities guaranteed by articles 8-31 of the TCCE, and as enshrined in the Universal Declaration of Human Rights (UDHR) and the CRC, the Government has been advancing the progressive realization of the rights of children and women, and has been promoting and implementing social protection measures. The benefits derived from the social and economic support programmes (including income-generating schemes, cash grants and other benefits) have not only had a direct effect on promoting the best interest of the child, but also on the welfare of orphans and vulnerable children (OVCs) as well. More specifically, such measures have, among others: (a) enabled host family members to enhance their food security and nutritional status; (b) improved school attendance rate, academic performance, and guidance and counselling services for OVCs; and, last but not least; (c) enabled the needs and problems of street and other high-risk children and adolescents to be addressed within their own community.

16. The MoLHW, as one of the responsible agencies for supporting HIV/AIDS affected families, has been implementing major programmes for the rehabilitation of 4,515 HIV/AIDS infected and affected families to strengthen their coping capacities, strengthen the care and support to be provided by families and communities and to provide assistance to extended families who care for children of parents who died of AIDS and for child-headed households on a sustainable basis.

17. During the reporting period, the GoSE has been providing Nfa 500 per month to martyrs' families and their children. This national Martyrs' Survival Scheme has enabled orphan children to improve their livelihood in general and attend schooling in particular.

18. The MoLHW implemented sensitization programmes to the population about opportunities for adoption, provided social support services for adoptive families and conducted follow-up studies to assess the efficacy of the programme. The number of orphans that were reunified with adoptive parents through the course of 2008-2010 was 30; about 53% of these were in the age group 1-4, 23% below one year and the rest in the age group of 5-14 years.

19. The GoSE opts to place orphans in orphanages only as a last resort and as such has been striving to continuously de-institutionalize orphanages. Reunification is adopted as the most optimal strategy and, as such, during the reporting period, the MoLHW placed 7,362 orphan children between the ages of 4 and 18 years in 2,905 extended families. Because of the economic support given to the disadvantaged families taking care of orphans, the host families' livelihood situation has improved in terms of food security status and with regard to the health condition and school performance of the orphans themselves. Moreover, reunifying orphan children with blood relatives was found to be not only cost-effective but also an efficient way of healing the psychological trauma of orphans.

20. The MoLHW has been expanding the Community-Based Rehabilitation Programme in 51 subregions to promote and advocate the sharing of equal opportunities and to respect the rights of PWDs in general and that of CWDs in particular. In all cases, the goal was to: (a) improve their livelihoods; (b) promote education for CWDs by providing school material, orthopaedic appliances and means of transport; and (c) mainstreaming the CWDs at secondary schools and colleges. The role of the Child Well-Being Committee (CWBC) in such and similar efforts was pivotal.

21. In the street children rehabilitation programme, 13,524 children were provided with educational support programme, and this has contributed in the reduction of dropout rates, improvement in the academic performance and enhanced self-esteem of the supported students. The MoLHW reunification programme for street children primarily focused on the placement of street children with their parents or blood relatives and on strengthening the economic resources of the disadvantaged host families through income generation schemes. Some 820 of such families were given income-generating assets. Moreover, vocational training was also given to 1,502 street children, which enabled the children to acquire employable skills. With the active participation of the Community-Based Rehabilitation Volunteers (CBRVs), social workers of the MoLHW, community leaders and local administrators, sensitization and awareness creation exercises were carried out for communities on the problems of street children and the harmful consequences of anti-social behaviour. This is in addition to the relentless efforts that were made by the NUEW and the NUEYS in rendering guidance and counselling services, including individual counselling meant to improve the personal and social functioning of the child, and group counselling to discuss, solve and synthesize common problems of street children.

22. Generally speaking, child labour practices in Eritrea are prevented both legally and administratively through judicial and labour inspection. The information obtained from the public prosecutors' office indicates that neither cases of child labour practices in all of its forms nor violation of it has, so far, been filed in Eritrean courts. This shows that the efforts of the Government in controlling child labour practices were and still are effective.

23. The MoLHW is working hard to address the problem of commercially sexually exploited children (CSEC) by rehabilitating them in home-based care and conducting wide prevention activities including creating forums for peer group discussions. In addition, the Ministry has been providing support to households that host CSEC and to those at risk with counselling services and alternative long-term income-generating economic assets.

24. The GoSE has also taken major steps to improve the protection of children in conflict with the law (CCWL). It has established a probation service, which attempts to provide counselling for CCLWL in their community to help them integrate into their immediate sociocultural milieu – neighbourhoods and schools. In this regard, the GoSE has: (a) established court chambers separate from those of adult cases of children in conflict with the law in a closed session; (b) organized after-care services to CCWL who complete probation and correctional services; and (c) improved the existing custody and detention centres where children are kept while awaiting trial. Nonetheless, it ought to be mentioned

that there is still a challenge to establish a National Rehabilitation Centre for CCWL because of lack of resources.

25. The GoSE, in collaboration with different partners, has between 2008 and 2010, achieved quite a lot in the areas of health infrastructure, human resource development, availability of medicine, medical equipment and other supplies. In the country as a whole, there are 321 health facilities of which 28 are hospitals, 56 community hospitals, 7 mother-child health clinics, 186 health stations and 44 institutional clinics. Each region has one referral regional hospital and a national referral hospital located in the capital city – Asmara. These efforts have, among other things, significantly narrowed the disparities between urban and rural areas in the provision of health services, and as result access to health facilities are made available within an average distance of 10 kilometres from any village community in Eritrea.

26. The Reproductive Health (RH) programme continues to intensify its activities in an effort to strengthen maternal and child health services and improve the quality of care for women and children in Eritrea and has made remarkable improvements over the past five years despite continuing challenges.

27. The overall activities carried out at health facilities included equitable distribution, between rural and urban areas, of health facilities, health professionals and other resources, as well as newly established training institutions for medical doctors, nurses, nurse midwives, pharmacists, laboratory technicians, associate nurses, anaesthetists, public health practitioners and other paramedic specialists. Most of these programmes focused on pregnancy, delivery and post-delivery care, neonates and children under 5. Recent survey studies show that the availability of essential drugs in health facilities has reached up to 95%. As a result, the overall development of quality health-care services at all levels has significantly improved, and morbidity and mortality ratios of mothers and children have, in general, markedly declined.

28. Therapeutic feeding centres were able to reach 64% of malnourished children and as a result, the fatality rate declined from 4.5% in 2008 to 3.7% in 2010. Currently, there are 57 Facility-Based Therapeutic Feeding (FBTF) and 164 Community-Based Therapeutic Feeding (CBTF) programmes in the country. In 2010, 9,649 severely malnourished children were admitted to FBTF with a recovery rate of 87% and a death rate of 6.7% while the activities of the CBTF services had a recovery rate of 70% and a death rate of less than 1%. All these efforts show a positive impact of the intervention. Other significant measures that the GoSE introduced include salt iodization and food fortification programmes for women and children. Nevertheless, there are nutritional and micronutrient deficiencies among children ranging from about 7% to about 11%, which is within the WHO threshold of 10%.

29. According to the 2010 Eritrea Population and Health Survey (EPHS) the maternal and child health mortality ratio (MMR) in Eritrea has declined from 1,400/100,000 live births in 1990 to 486/100,000 live births in 2010. Under-5 mortality ratios have also shown consistent decline from 136/1,000 LB in 1995 to 63/1,000 LB in 2010. These mortality ratios are still unacceptably high and the MoH, in collaboration with its local and international partners, is doing its best to reduce the maternal morbidity and the high peri-natal and neonatal mortality ratios.

30. Eritrea has been successful in mobilizing resources and carrying out many activities to combat HIV/AIDS, sexually transmitted infections (STI) and tuberculosis (TB). Multisectoral programmes to combat the spread, early detection, silence, denial, stigma and discrimination associated with HIV/AIDS/STI and TB have been carried out during the period under review. As a result, the prevalence of HIV and syphilis in 2008 was 1.33% and 1.12% respectively. In 2009, data derived from voluntary testing centres (VCT) and prevention of mother to child transmission (PMTCT) clients and blood donors continually

showed reduction in HIV and syphilis positivity rates. Knowledge about HIV/AIDS and condom distribution is indeed very high, and people living with HIV/AIDS (PLWHA) who take antiretroval therapy (ART) every year averaged 1,000.

31. Childhood immunization, which had coverage of 73.8% during the last reporting period had by 2010 risen to 87.4% in urban, semi-urban and rural areas. Polio is virtually eradicated from Eritrea and the country is now within the range of polio-free certification. Moreover, Eritrea became the first country in the East African region to eradicate maternal and neonatal tetanus. Measles is no longer a public health concern as very few cases were reported during the period under review.

32. The GoSE promulgated a national proclamation against the practice of FGM/C, which both prohibits the practice and supports its victims. Nonetheless, the enforcement of the legislation is far from complete because of strongly rooted cultural and religious beliefs. The MoH, in close collaboration with the NUEW, developed health promotional materials and sensitization manuals, including the production of a documentary video that was important in the campaign to change the behaviour and attitude of communities towards FGM/C.

33. The GoSE considers children's education as a right and all children, including disadvantaged ones, are entitled to equal access to educational opportunities irrespective of ethnic background, language, religion, sex or disability. The provision of free basic education, which is compulsory for all school-age children, is considered a top government priority. During the reporting period, enrolment in urban pre-primary schools increased by almost 13% (13% for girls) and by 8% (7.4% for girls) in rural areas. The number of schools at elementary and middle level increased by 9.8 and 20%, respectively and enrolment at the middle level increased by 5% (11% for females) and at the secondary level by 27%. Overall, the GoSE has been working very hard to ensure both equitable distribution and quality education at all levels. Improvements have been made on the national curriculum and a number of policy guidelines and strategies have also been developed. Textbooks for all school levels have been published; and continuous professional development and capacity-building through Open Distance Learning (ODL) have been implemented for senior education managers as well as teachers.

34. Through an extensive policy of universal free education or "Education for All" from pre-primary to higher education, the GoSE ensures that every child, irrespective of family economic background, gets the opportunity to enrol in education. At present, the conjunction of study, work, theory and practice enshrined in the national education system, and more importantly, the new approach called "Interactive Learning and Teaching" are regarded as crucial to the all-round development of children.

35. To ensure the provision of educational services to vulnerable groups (especially disabled children and girls), the GoSE has been taking the following measures during the period under review: (a) various awareness-raising activities and training have been undertaken by and given to over 3,000 teachers, directors and supervisors to enable them to address and respond to the diverse learning needs of children with disabilities and vulnerable groups; (b) grades 1-5 textbooks were adopted to suit the educational needs of blind and deaf children; (c) piloting of nomadic education was carried out as an ongoing process; (d) communication strategies were developed and translated into the mother tongue languages to facilitate the schooling of the girl learners and other vulnerable groups; (e) 25 resource rooms have been constructed in various regions of the country to improve access and quality of education for children with disabilities; (f) training of 20 teachers in IE have been implemented to expand and strengthen the IE scheme; (g) the Asmara Teacher Education Institute (ATEI) has been providing courses on IE to teacher trainees; (h) support has been provided to the Eritrean Association for the Deaf and to parents of

children with autism and Down's syndrome to enhance their children's learning opportunities.

36. This national report demonstrates the GoSE commitment to the CRC Optional Protocols on the involvement of children in armed conflict and on the sale of children, child prostitution and child pornography. Following the signature of the two Optional Protocols, the Government prepared an NPA to tackle the commercial sexual exploitation of children (CSEC) through preventive and rehabilitation programmes. Eritrea has also ratified the International Convention Against Doping in Sport, acceded to the Convention for the Safeguarding of the Intangible Cultural Heritage, and ratified the Statute of the International Renewable Energy Agency. All in all, between the period 1993 to 2010, Eritrea has promulgated 163 proclamations and 118 legal notices or regulations. These include, among others, issues that deal with human rights as well as with children's and women's rights and duties. Moreover, Eritrea has been drafting national codes which are in the final stage of editing and translation into local languages. In the last three years, the MoJ organized numerous workshops and training sessions to judges, prosecutors and other court officials on the newly drafted codes and trained and graduated 300 students at certificate level.

37. During the period under review, the GoSE had been actively engaged with the Office of the United Nations High Commissioner for Human Rights (OHCHR) and the special procedures of the Human Rights Council. Eritrea's Universal Periodic Review (UPR), which reflected the country's achievements in the areas of human rights, was presented to OHCHR in November 2009. Prior to this a national committee that was entrusted with the tasks of preparing the national report had been established. In four years' time, Eritrea will be required to report back to OHCHR in which the improved performance and record of the country in terms of human rights will be fully reviewed. Furthermore, the GoSE firmly believes that promoting, establishing and protecting the freedom, liberty and the dignity of the human person is a process achieved only through the march of time. No nation has been automatically created as a bastion of human rights. Ensuring human rights in all its forms entail a process, struggle and paying a price. On that score, Eritrea believes it is on the right path and that its record can stack up with that of most nations.

38. The people and the GoSE are still committed to the promotion and protection of human rights and are in a spirit of dialogue and on the basis of mutual respect at any time ready to engage constructively with the international community concerning the subject of human rights. This is based on the country's strong conviction that the advancement in human rights critically hinges upon peace and security, albeit Ethiopia's continued belligerence and illegal occupation of Eritrea's sovereign territory which is an impediment to peace and security and, therefore, to the country's efforts to advance the promotion of human rights programmes and activities.

39. The first country report on the two Optional Protocols on the involvement of children in armed conflict and on the sale of children, child prostitution and child pornography has been attached as an annex to this fourth CRC report. It is to be remembered that the GoSE signed these two protocols on 16 February 2005. In short, the GoSE has been working hard to implement the provisions as stipulated in the Optional Protocols through legislative, executive and social actions. The Government also recognizes that the fight for the prevention and eventual eradication of all forms of child abuse as provided for in the Optional Protocols requires a holistic and a multisectoral approach.

40. In accordance with what is stipulated in the two Optional Protocols, the GoSE has been, during the reporting period, strengthening implementing capacities, disseminating laws, taking administrative measures, endorsing social policies and programmes to prevent

the offences referred to in the Protocols giving particular attention to protect children who are especially vulnerable to such practices.

41. The protection of minors against military services is a norm and a political culture that the Government has been monitoring and observing. During the armed struggle for independence or during the recent border conflict initiated by external forces, Eritrea has never resorted to the recruitment of child soldiers. This has been a persistent policy and practice of Eritrea. For example, the GoSE has put in place effective legal and practical measures to prevent underage recruitment of children in the Eritrean Defence Forces and has a clearly defined legal instrument which prohibits recruitment of any person below the age of 18 years.

42. The report also highlights the holistic and multisectoral approaches followed by the MoLHW and other stakeholders in addressing the root causes, such as poverty and underdevelopment that contribute to the vulnerability of children. The various rehabilitative and integrative programmes and activities, including public awareness campaigns and the harmful effects of the offences referred to in the Optional Protocols, especially among children and their parents have been highlighted.

43. Finally, the GoSE expresses its commitment to the implementation of the provisions of the CRC and hence promotes the holistic development of the Eritrean child as far as resources at its disposal allow it. In this regard, the Government would like to acknowledge the support provided by UNICEF, WHO, UNFPA, UNDP and others for joining hands in this joint endeavour.

I. Introduction

A. General condition

44. Eritrea signed and ratified the Convention on the Rights of the Child (CRC) in August 1994. In Eritrea the ratification of an international treaty is taken seriously and pursued rigorously, and as such, ample time is taken to analyse its provisions and carry out consultations with concerned institutions regarding legal promulgations, existing policies and programmes to ensure that the international obligations are compatible with Eritrea's efforts to further the CRC. Pursuant to this commitment, the legislation and practices of the Government of the State of Eritrea (GoSE), by and large, conform to the letter of this international convention, and have, to a large extent, put in place the proper and necessary conditions to guarantee and protect the rights of children and adolescents in every sphere of society.

45. In this context, Eritrea ratified the CRC Optional Protocols on the sale of children, child prostitution and child pornography, and on the involvement of children in armed conflict and illegal human trafficking.

46. At the time of ratification of the CRC, GoSE indicated that the social policies that guarantee children's rights in Eritrea have a broader scope of application. The high priority given to this section of society is based on the principle that "Our Children are Our Future". The full exercise of these civic rights is sustained by a multisectoral, multidisciplinary and inter-coordinated system involving governmental and non-governmental organizations and the population at large, including children and adolescents.

47. Eritrea presented its first report and the CSTR in 2003 and 2007, respectively. This made it necessary for the Eritrean delegation to provide updates on the information they had submitted during consideration of the documents. The present document is objective and realistic. It attempts to describe more fully the main measures adopted by the country to

implement the rights recognized in the CRC, the many undoubted achievements in the country's efforts to and on behalf of children and the circumstantial difficulties faced in the implementation of the principles of the Conventions.

48. Eritrea did participate in the discussions about the first report and CSTR, bearing in mind that even the fullest and most detailed document would not always be enough to paint, in a few pages of statistical tables, a full picture about children's rights and the accompanying unique experiences in any particular country.

49. During the consideration of the two last national reports, the Committee on the Rights of the Child recognized the historic improvements made in the provision of child protection services, advancement of the well-being of children in fields such as health and education, and forwarded a variety of recommendations for applying the Convention at national and regional levels.

50. Regarding the economic and food security conditions of households, the GoSE continues to sponsor the Savings and Microcredit Programme (SMCP), as an autonomous Government-funded body placed under the Ministry of National Development (MoND). The objective is to provide credit to disadvantaged populations, including women, who lack access to the formal financial institutions. It also aims at assisting individuals and groups in increasing their income-generating ability and consequently ensuring food security. The programme uses the village banking model and offers individual and group-guaranteed loans. For the three years under review, there were 470,547 clients and 584 village banks throughout the country. The target clients considered as poor or very poor include women and women-led households that are voluntarily organized into groups of three to seven persons. In 2008, there were 40,955 clients and the figure increased to 55,066 in 2010 (over 40% women heads of households). The amount of loan disbursement was Nfa 151.3 million, Nfa 175.4 million and Nfa 252.2 million for 2008, 2009 and 2010, respectively; and default rate was only 12.3% in 2010. Indeed, the struggle against poverty is also a struggle for children's welfare. The findings of the impact assessment conducted indicate that 87% of those that accessed group loans and 90.5% of the individual borrowers maintained that there is positive change in their mode of livelihood. They were able to send their children to school, better feed and dress them and take advantage of easy access to health facilities, etc.

51. In addition, the MoLHW and the National Union of Eritrean Women (NUEW) have been making concerted effort in microfinance and credit-loan disbursement programmes, and currently they operate in all six regions and 58 subregions. Through the microcredit programme implemented by the NUEW a total of 8,805 group borrowers (46.4% women), benefited from the revolving loans that spread over 231 village banks over the course of the last three years. Another 1,794 active clients of whom 32.8% were women also benefited from an individual loan programme. An overall evaluation conducted in 2009 by the MoLHW indicates an improvement in the livelihood of clients as a result of their involvement in microcredit programme.

52. However, it is impossible to assess the condition of children and adolescents in Eritrea without taking into account the external challenges, interferences and threats that are, in one way or another, hindering the full application of the CRC. This situation has inflicted enormous material hardships and created obstacles to the development of, among others, health and education services in Eritrea, especially for children. Against this background and in the face of these most varied difficulties, the GoSE continued to create and strengthen mechanisms for the protection of the rights of children and adolescents.

53. The present document covers the period between 2008 and 2010. These three years are, therefore, to be taken as the time frame for analysis to reach an objective assessment of the process involved and the efforts made to fulfil the obligations required of the GoSE by

the CRC. This document is, thus, Eritrea's fourth report to the Committee on the Rights of the Child. It is prepared in line with the Committee's general guidelines concerning the form and contents of periodic reports that State parties submit under article 44, paragraph 1 (b), of the CRC (CRC/C/58). Accordingly, the present report updates Eritrea's CSTR and highlights the significant changes that occurred in lawmaking and practice between 2008 and 2010, including those that address the concerns and recommendations of the CRC Committee in relation to Eritrea's last report. Where applicable, this report also contains cross references to relevant parts of Eritrea's first report and the CSTR.

54. The document is supplemented by a wealth of statistical information and reflects the great progress made in data collection as well as in promoting the well-being of children and adolescents. These achievements were made possible as a result of the strong determination of the GoSE and the commitment and participation of international development partners and local stakeholders in the country.

55. Furthermore, the document marks important developments that took place in policies and programmes between 2008 and 2010, and addresses the concerns and recommendations of the Committee in relation to Eritrea's CSTR. Interventions that do not exhibit progress since the last combined CSTR appear in this fourth report as gaps.

56. The formulation of policies, programmes and the implementation of projects and subprojects concerning the protection and care, health and education and psychosocial aspects of children are all under the jurisdiction of central and regional governments. During the preparation of this document, extensive discussions and consultations were carried out with sector ministries and civil society organizations as well as with international development partners (mainly UNICEF), that implement programmes and projects.

57. During the period under review, civil societies and non-governmental organizations have played pivotal roles in promoting and implementing the rights of the child through advocacy, provision of services and fund-raising.

58. Overall, the document is a concise report that has attached statements relevant to every initiative or intervention related to the CRC. It is expected that this will make the readership of the Committee less cumbersome. Moreover, the GoSE is ready to provide further information that may be required by the Committee during the consideration of this document.

59. Finally, the preparation of this report illustrates the ever-increasing level of coordination, collaboration and consensus that exists between all government line ministries and civil society organizations concerned and involved in the implementation of the CRC.

B. Preparation of the present report

60. During the preparation of this fourth CRC report for Eritrea, the National Inter-Ministerial Coordinating Committee chaired by the Minister of the MoLHW made divisions of tasks and formed a core group composed mainly of the members of the Technical Committee and representatives of the Police Commission and the Prison Administration, as well as civil society institutions – the NUEW and NUEYS. The Ministry of National Development (MoND) was also consulted on areas of its mandate. All the above prepared their reports in accordance with the general guideline for the preparation of the CRC.

61. The core group conducted continuous discussions and dialogue on several aspects of the CRC in general and the protection of the rights of the child in Eritrea in particular.

Information from evaluation reports and sector documents also constituted a major for preparing this report. Persons from all walks of life, government institutions, civil societies and United Nations special agencies took part in the task. Every ministry and civil society organization carrying out activities related to children were invited to assess the activities of the last three years, to identify the constraints encountered and to highlight the lessons learned, with the aim of bridging the gaps identified in the second and third national reports.

62. Furthermore, between June and September 2011, the MoLHW, over the course of several meetings, prepared a comprehensive draft document and submitted it to the members of the National Coordinating Committee and other local CRC stakeholders including concerned line ministries and civil society organizations. The MoLHW incorporated the comments of these stakeholders and prepared a final draft national report stating Eritrea's position regarding the recommendations.

63. The GoSE believes that Eritrea's decision to participate in the CRC process is the right decision. The process enabled the country to tell its own story in the area of the rights of the child. More importantly, the GoSE views the CRC process of the present national report as an opportunity for addressing, in an earnest and coordinated manner, some CRC issues that were raised in the last two combined reports.

II. General measures of implementation (arts. 4, 42 and 44, para. 6, of the Convention)

(The GoSE refers to pages 13-15, paragraphs 9-22, and Committee's recommendation No. 27 of the CSTR.)

A. Measures taken to harmonize Eritrean legislation and practices with the principles and provisions of the CRC

64. The GoSE reaffirms respect for the principles proclaimed in the Charter of the United Nations and in other international treaties to which Eritrea is a party. This unequivocally requires that Eritrean legislation be consistent with the conventions, treaties and other international instruments to which Eritrea is a party.

65. Article 14(2) of the Constitution of Eritrea clearly stipulates that no person may be discriminated against on account of race, ethnic origin, language, colour, gender, religion, disability, age, view or social or economic status and any other improper factors.

66. Articles 22 and 32(1) of the Constitution of Eritrea establish that children and adolescents are given particular protection by the State and society. Families, schools, State agencies and social and mass organizations have a duty to pay special attention to the full development of children and adolescents. The principles enshrined in the Constitution of Eritrea constitute the main basis for supplementary legislation protecting the interests of Eritrean children and adolescents; and they are backed by the explicit political will of the GoSE.

67. Article 14(2) of the Constitution of Eritrea states that no child or adolescent shall be deprived of education, food or shelter and of the opportunity to participate in sport. The Constitution of Eritrea also establishes the automatic right of children and adolescents born in Eritrea to be Eritrean citizens and details the different situations that may arise with a view to ensuring that no child is deprived of this right even if born to Eritrean parents outside Eritrea.

68. The rights of children and adolescents in Eritrea are not confined only to what is stated in the law. Instead the fundamental human right to a decent life transcends the letter of the law to form part of the very essence of the humane character of the Eritrean struggle for independence, which envisages the construction of a multicultural and multilingual society free from discrimination and exclusion and accommodating diversity within unity. The MoJ, MoLHW and the MoI sponsored TV and radio programmes to discuss these and other child rights issues. Additionally, child to child media programmes have been introduced to enable children to air their views on issues that affect them.

B. Legislation

69. Eritrea has codified laws, which are authoritative, comprehensive and systematic collections of legal principles and general and specific clauses. In line with recommendation No. 9 of the Committee, the GoSE through the Ministry of Justice (MoJ) has, during the reporting period, reviewed the transitional legislation and ascertained that, to a large extent, it reflects the principles and provisions of the CRC. Furthermore, the substantive contents of the drafted laws are in harmony with all the conventions (including the CRC), that Eritrea has signed and ratified. The MoJ also conducted studies on the customary laws of different ethnic groups in an effort to identify gaps in the legislation that may not be compatible with the principles and provisions of the CRC, and is at its own pace taking measures, given that full implementation of the CRC requires time and resources. The MoJ has also formed a team to prepare legal materials and articles for civic education programmes on different media outlets beginning in 2010.

70. The MoJ has, in collaboration with the MoLHW and other government bodies, been active in organizing training programmes for judges, prosecutors, legal advisers, police, social workers and probation officers. For example, in the second quarter of 2010, the Ministry gave legal training to lower court judges, prosecutors and other court officials on the newly prepared draft codes. As already mentioned, these new draft laws have introduced a lot of provisions that protect the rights of the child. Training on CCWL on international juvenile justice was also given to prison officers. During the period under review, seven partners visited Sudan to share experiences on OVCs and child justice interventions. Training was also conducted on the following: (a) children's international legal standards to the Women's Desk Prison Officers; (b) justice reform to the MoLHW and MoJ key personnel; and (c) concepts and principles of Child Friendly Schools', life skills, avoidance of corporal punishments, nomadic education, inclusive and environmental education.

71. The GoSE is making efforts to equitably address the education needs of the unreached and hard-to-reach disadvantaged groups, including girls, and children of nomadic and minority ethnic groups. To address these issues, the Ministry of Education (MoE) has been preparing, in the past three years, several policy documents to create equal access to education for all children.

72. During the reporting period, the MoLHW was fully engaged in the preparation of the following policy documents and guidelines: (a) drafting two comprehensive policies – one concerning children in general and the other on persons with disability including, of course, disabled children; (b) a guideline for the implementation of child adoption which was disseminated to all stakeholders; and (c) a manual on the reintegration of orphans, which was disseminated to serve as a guideline for implementation and as a way of defining the roles of grassroots committees, families and other stakeholders.

73. In 2009, Eritrea participated in the regional meeting on justice for children held in Lilongwe, Malawi. The participants were from the MoLHW, the Attorney General's Office

and the Eritrean Prison Rehabilitation Services. They presented Eritrea's Map on the Child Justice System as well as country Action Plan on justice for children 2010-2011.

C. Coordination, National Plan of Action, monitoring, resources for children, and data collection and cooperation with civil society

Coordination

74. The issue of the implementation of the CRC is multisectoral and multifaceted. Consequently, the coordination of these various sectors is no doubt an essential element for the full implementation of CRC. With this understanding, the National CRC Coordinating Committee under the chairmanship of the MoLHW submitted the initial and combined second and third country reports in 2002 and 2007, respectively. Terms of Reference (ToR) for the coordination of the national, regional and technical committees have been prepared and disseminated as job descriptions of the different levels of actors. Moreover, and as per the recommendations of the CRC Committee, the Terms of Reference for the National Coordinating Committee were revised in 2008 to clarify the mandate and responsibilities of the various national and regional actors participating in the implementation of the CRC. Hence, an appropriate mechanism has been created for the effective and efficient coordination of activities to be pursued at the various levels of implementation, monitoring, evaluation and reporting at the national, regional and subregional levels. To this end, the National Coordinating Committee on the CRC has been working hard to enhance the implementation of the CRC as well as to expedite the production of this fourth country report.

75. The Inter-Ministerial Committee is composed of the Minister of MoLHW who acts as a chairperson and senior representatives from the MoE, MoH and MoJ. Its functions encompass, among others, to: (a) harmonize policies/measures pertaining to the rights of children; (b) engage in the promotion and protection of children's human rights under the CRC; (c) ensure that appropriate responses are provided to the concerns raised and recommendations passed by the CRC Committee; (d) coordinate and monitor the implementation of activities related to children in all sectors; (e) coordinate the preparation of a Comprehensive National Plan of Action for Children and facilitate the overcoming of emerging challenges and shortcomings encountered by each sector; (f) follow-up progress reports and developments, and revise and refine the final report on the implementation of the CRC; (g) strengthen mechanism for availing updated and reliable data and information in each sector; (h) work closely with all government institutions and the private sector including civil societies to promote and monitor the activities of the CRC; and (i) conduct meetings every three months to review progress of work and chart out future plans of action.

76. A technical committee composed of professionals nominated by members of the National CRC Coordinating Committee, the Eritrean Police, National Union of Eritrean Youth and Students (NUEYS) and National Union of Eritrean Women (NUEW), most of whom had job assignments related to the implementation of the CRC, was established at the national level. The Technical Committee works closely with the Ministries of National Development (MoND), Information (MoI), and the National Statistics Office (NSO).

77. The Technical Committee which is accountable to the National CRC Coordinating Committee, functions under the chairpersonship of the representative of the MoLHW and is entrusted with the following tasks: (a) collection and compilation of all relevant data or information pertinent to the implementation of the CRC; (b) preparation of periodic national reports for review and approval by the National CRC Coordinating Committee;

(c) monitoring the progress of the implementation of the CRC by liaising with the zonal and sectoral actors on behalf of and based on directives of the National CRC Coordinating Committee; (d) reporting to the National CRC Coordinating Committee on progress of implementation of the CRC and recommend possible courses of action for correction; (e) follow up the preparation of a Comprehensive NPA based on the directives/guidance of the National CRC Coordinating Committee; (f) advise the National CRC Coordinating Committee on the human and financial requirements for the implementation of the CRC; and (g) conduct regular meetings at intervals of three months to review progress of work and chart out future plans of action.

78. Region administrations are the actual implementers of the provisions of the CRC. Each of the six administrative regions has a regional committee that monitors actual work progress, including implementation of the CRC, documentation, awareness-raising campaigns etc., at the region level. The regional committee reports to the region administrator who in turn reports to the chairperson of the National CRC Coordination Committee.

79. The regional committee for the coordination of the implementation of the CRC comprises: the region administrator or his/her representative (preferably the Director General of Social Services), the head of region branches of the MoLHW, MoE, MoH, MoJ, the heads of region branches of the Eritrean Police, NUEYS, NUEW, National Sports Commission and region representatives of the MoI. The regional committee is responsible for ensuring that: (a) the rights of the child are actively pursued at the region, subregion and *kebabi* or village levels; (b) the relevant documentation is in place; (c) the subproject activities are implemented according to plans and directives; (d) reports are prepared on time; (e) information on the provisions of the CRC is disseminated through seminars, workshops and other means of campaigning and awareness-raising modalities; and (f) other additional duties as may be required by the National CRC Coordinating Committee are performed.

80. In response to recommendation No. 21, the CRC was translated into six local languages and disseminated through television, newspapers, radio and seminars and workshops were convened to create and promote awareness of the content of the CRC. Members of the national, regional and technical committees, government institutions, United Nations agencies – UNICEF, UNDP, WHO, UNFPA and others – civil societies, CBRV, and Children's Well-being Committees (CWC) that were established to conduct awareness and sensitization campaigns were all given copies of the combined second and third CRC country reports.

81. The concerns and recommendations of the CRC Committee were also printed and disseminated, and the distribution of these documents was conducted by the National Technical Committee on the CRC. Moreover, cultural troupes performed dramas, theatres, and musical shows. As part of the advocacy and awareness creation campaigns, discussions were also held through visual, audio and print media with themes such as the role of the family, the best interest of the child, and narration of stories by elders.

82. The twentieth anniversary of the ratification of the CRC was celebrated throughout the country and children, government officials, United Nations agencies and civil society organizations participated. They assessed Eritrea's efforts to implement the CRC and forwarded their opinions on how the challenges could be overcome. Every year, on 8 December, rallies and campaigns are carried out or celebrations remind the general public of the need to make unrestrained efforts in the implementation of the CRC.

83. The MoLHW, as the a national coordinator of the implementation of the CRC, is currently drafting a Comprehensive National Policy for Children in Eritrea and a comprehensive policy on persons with disability, including of course, children with the full

participation of the concerned government institutions at all levels, including central, zonal and grassroots level. Civil societies, families and communities will also participate in the preparation of the policy. The main objective of these policies is to address the broad aspects of childcare and protection, the needs of vulnerable children and to facilitate and synchronize the intervention of the various stakeholders concerned with or involved in the areas of child welfare and development.

84. The National Plan of Action (NPA) for children is incorporated with the strategic plans of every ministry. The State party would like to stress that in these strategic plans, projects and activities concerning children, to be implemented during the plan period, are boldly indicated. The MoND ascertains that this is so. The National Coordinating Committee facilitates the expedient implementation of the planned projects and activities at the national and regional levels. At the grassroot (village communities) level, the CWBC follows and monitors implementation as well as supplements communities' participation during implementation of subprojects.

Independent monitoring

85. During the period under review, the MoLHW has been conducting awareness campaigns about the CRC and monitoring the situation of children in communities. Complaints of children were heard in communities, community courts, parent teacher associations and in meetings of social workers of the MoLHW stationed in all administrative regions. The Child Well-Being Committees (CWBC) established at the region, subregion and village/community levels follow up and monitor the implementation activities concerning children. They advise parents and families on proper handling of children especially of disabled and of disadvantaged ones. In the event of maltreatment of children by parents or other persons, they make sure that the problem is addressed by the MoLHW and/or other local authorities. The CWBC prepares and submits reports every two months.

86. In a more direct response to recommendation No. 15 of the Working Group, however, the GoSE believes that the programming environment for the establishment of an independent national human rights institution in full compliance with the Paris Principles is not yet ready for two reasons: first, Eritrea is not a signatory of the so-called Paris Principles; and secondly, mapping out or monitoring the implementation of the Convention is the prerogative of the GoSE.

Resources for children

87. Currently, the rights of the child have become the centre of gravity that steer all spheres of national development initiatives. The GoSE believes that the future outcome of the country's development endeavours relies heavily on the size of investment made on children today. In this regard, significant achievements have been made in the areas of health, education and child protection within the bounds of available resources, but there still is the need to improve and build the physical and social infrastructure necessary for the sustenance of these achievements.

88. Schools have been rebuilt in most rural areas and urban centres where all children are entitled to have equal educational opportunities. As a result, most children now have better access to education which in turn has ensured sustained growth in the enrolment of children in schools every year. The quantity and quality of health services have made rapid expansion securing the provision of greater outreach and better quality child and maternal health amenities.

89. In the area of child protection, the MoLHW continues to set up safety nets for orphans and vulnerable children, street children, disabled children and children in conflict

with the law by enhancing the role played by the family and the community during their reintegration. Nationwide sensitization campaigns have been under way to popularize the content of the CRC to the general public, including children.

90. In direct reference to recommendation No. 17 of the Committee, the GoSE would like to ascertain that it is, despite meagre resources at its disposal, prioritizing the well-being of children by availing public and community resources for the provision of socio-economic benefits to households and hence children. Such provisions, among many, include: (a) school materials and cash payment to children in both rural and urban areas; (b) ensuring household level food security; (c) access to safe potable water; and (d) development of infrastructure such as roads, electricity, etc. In these endeavours priority is given to vulnerable and disadvantaged children including minority groups, children with disabilities, children affected by and/or infected with HIV/AIDS.

Data collection

91. During the period under review, the GoSE developed a comprehensive system of MIS in sector ministries and civil societies to collect data, including that of vulnerable and disadvantaged children. Sector ministries and civil society institutions are making strenuous efforts to build and strengthen their respective MIS, which extends down to subregion levels. Data and information thus collected and aggregated is used, among others, for informed decision and policy formulation, which is expected to go a long way in the effective implementation and monitoring of the Governments' development programmes and, of course, the CRC.

92. The information that is reflected in this fourth report is mainly based on the information gathered from the sectors that have developed their management information system (MIS). Disaggregated data and statistics concerning child welfare were made available from the National Statistics Office (NSO), MoND, MoH, MoE and MoLHW. More specifically, the report made extensive use of data and information related to performance of the health service, analysis of the education sector and Children in Conflict With the Law (CCWL). The Government believes that such information would be most useful for programme interventions of all children in general and the most disadvantaged children in society in particular. These original materials were reviewed and processed to enable the data better describe the conditions of the child in Eritrea. Additional disaggregated statistical data regarding activities carried out by the NUEW and NUEYS in *the best interest of the child* exist, including: (a) Health, Sanitation and Hygiene Education for Girls; (b) Gender Education; (c) sensitization on FGM/C; (d) Indicted Families Practising FGM/C; (e) access to microcredit for vulnerable and disadvantaged women; (f) various skill training programmes for disadvantaged and street children; and (g) sensitization activities of women on legal matters.

Cooperation with civil society

93. Civil society organizations, mainly the NUEW, NUEYS and the National Confederation of Eritrean Workers (NCEW) are actively involved in the implementation of child-related activities, in particular in advocacy and promotional activities on behalf of children. Other local organizations are also involved in subproject interventions especially concerning vulnerable and disadvantaged children. The GoSE welcomes assistance from development partners so long as it does not jeopardize the country's efforts towards self-reliance.

94. The GoSE is well aware of the complementary role played by local NGOs and civil societies in promoting, respecting and fulfilling the rights of children through raising funds, advocacy and providing targeted community development assistance. During the period

under review, some children and women benefited from local civil societies and local NGOs through increased funding of social development activities such as education, health, water supply and sanitation, child protection and other social infrastructural services.

95. The GoSE has strong and closer cooperation with international development partners (mainly UNDP, UNICEF, WHO, UNFPA, etc.), to foster the implementation of the CRC. The Government believes that development partners' contribution should aim at strengthening frameworks for economic growth and supporting Government interventions to enable the poor to increase their productivity and reduce vulnerability of children. At present the Government implements the provisions of the CRC in collaboration with a number of Eritrean child-focused development agencies, such as UNICEF, UNDP, WHO and UNFPA.

D. Advocacy and awareness-raising in respect of the principles and provisions of the CRC

96. During the reporting period the MoLHW, MoH, MoJ and the MoI undertook measures to ensure a strong focus on awareness-raising activities regarding the principles of the CRC. Through a series of campaigns, these ministries and the civil societies (NUEW, NUEYS and the NCEW) registered remarkable impacts in making the principles and provisions of the CRC widely known within the different sectors of society.

97. Between 2008 and 2010 regional and subregional CRC seminars were convened for about 15,000 community members including influential persons and religious leaders. Furthermore, some 3,500 elementary and middle school teachers were given a series of seminars. Among others, the seminars highlighted the principles of the CRC, prevention of violence on children and protection of children from corporal punishment and HIV/AIDS. Moreover, experts from MoLHW, MoH, MoE and MoJ, NUEW and NUEYS conducted panel discussions through the mass media to make the principles and provisions of the convention widely known.

98. The MoLHW organized training courses for community elders and leaders on the prevention of violence on children. The training focused on issues related to forms of violence against children, effects of violence, prevention of maltreatment and abuse as well as helping victims of violence. The significance of the CRC from the point of view of this theme was also discussed during these training sessions.

99. Seminars on the rights of the child are given every year on 8 December – the International Children's Day. On this day, children explicitly expressed their views regarding the provisions of the CRC and advocated for awareness creation through concerned governmental organizations in relation to the principles and provisions of the CRC. The children also developed ideas of how to step up dissemination of knowledge pertaining to the rights of the child. They, for example, suggested that schools organize events for children on the anniversary of the CRC and that the content of television programmes covering such events target and focus on the rights of the child.

100. During the reporting period, the media has been a strong advocate for the rights of children and was pivotal in the promotion of awareness and understanding of the CRC. A number of initiatives were undertaken to make the principles and provisions of the CRC widely known among adults and children. For example, radio and television programmes have regularly highlighted children's rights as main issues. *Haddas Eritrea*, a Tigrinya daily, carried special section print media interventions on children's rights three days a week. Newsletters and brochures of the MoLHW discouraged harmful traditional societal

proverbs such as "let children survive by their own fate", and instead transmitted messages that highlight the benefits and importance of investing on children through statements like: "earlier years intervention determines children's future personality", "parental influence is vital for nurturing and socializing children", "Eritrean society possesses affluent culture in childcare and upbringing", "children have a fundamental right to life and to receive care and protection", "children should not be deprived of love and affection", "children have the inalienable right to get proper medical care and grow up being educated".

101. The local media deals extensively with the subject of children's rights. The Children's television programme *WARI* reaches major cities and towns of the country. It is intended primarily for education, recreation and guidance with emphasis on social values such as friendship, honesty, tolerance, and unity, which are pivotal pillars in the life of Eritreans. It also includes issues associated with the rights of the child. What makes it interesting is that children participate in it as presenters, actors, producers and reporters.

102. The MoLHW regional offices responsible for publicizing children's rights provide public information and education concerning these issues. Through the deployment of social workers (Community-Based Rehabilitation Volunteers (CBRV), they inform people in the different regions who wish to gain insight into the sphere of application of children's rights.

E. Circulation of the report

103. The Government refers to paragraph 63 of the CRC Committee's recommendation on the dissemination of the CRC documents. The MoLHW has distributed copies of Eritrea's CSTR to all governmental institutions, regional administrations, civil societies and public libraries. Copies of the reports were also made available to international and local NGOs and interested members of the public. In all, around 1,200 copies of the report were printed and disseminated.

104. In addition, the Committee's concluding observations were distributed to members of CRC committees, governmental institutions, civil societies and to the six regional administrations.

III. General principles

(The GoSE refers to pages 18-26, paragraphs 35-77 of the CSTR.)

A. Principle of non-discrimination

105. Upholding its principles and commitments to the equal rights of its citizens before the law as enshrined in article 4 of the TPCE and article 8(2) of the TCCE, and other legislation, Eritrea adheres to the principles of non-discrimination as stipulated in the CRC. More particularly, Eritrea is a signatory to the Convention on the Elimination of All Forms of Discrimination against Women and Girl Children (CEDAW) and has been expediting its implementation during the reporting period. Application of the non-discrimination principle is mandatory under the Constitution of Eritrea. All families bringing up children benefit from all constitutional rights, freedoms and guarantees.

106. To make sure that these provisions are respected and implemented, the MoJ monitors the principles enshrined in the CRC and in the Transitional Codes. The MoLHW in collaboration with the MoJ has been conducting media-based countrywide long-term sensitization programmes to eradicate negative societal norms and behaviour that discriminates against vulnerable groups.

107. Different programmes and legal measures reaffirmed the determination of the GoSE to ensure that all children have without distinction of race, ethnicity, and religion equal access to State resources, and recognize the family as a fundamental building block of society. The GoSE encourages community values that are respectful of this smallest unit of society, for example, that parents should do everything in their power to meet their children's needs, for sustenance, housing and clothing and their educational, recreational and developmental requirements without distinction of any kind.

108. The provision of free universal education at pre-primary, elementary, middle and secondary school as well as higher education levels and availability of an almost free or highly Government-subsidized health system particularly benefited sections of Eritrean society such as children of minorities, children with disabilities and other vulnerable groups that had been discriminated against. In this respect, the 2010 EPHS revealed that the ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years was 95%. This implies that orphans are getting equal access to participation in education as those who are non-orphans. Further elaborations of the achievements recorded in the area of the provision of basic services can be referred to in the relevant sections of this report.

B. Principle of the best interest of the child

(The GoSE refers to paragraphs 38-43 and Committee's recommendation Nos. 29, 30, 31, 39, 41, 47 and 49 (a), (b) of the CSTR.)

109. The concept of the best interest of the child has always been locally expressed as *tsetsibuqu n'qol'u* which means "all the good things for children", confirming that the traditional practice of Eritrean society protects and considers first and foremost what is best for children.

110. Article 807 of the TCCE provides that parents and relatives by consanguinity or affinity are bound to supply children and adults with basic amenities. Article 2 of the TCCE also stipulates that a child merely conceived shall be considered born whenever his/her interests so demand. Furthermore, article 681(1) of the TCCE states that during divorce the custody and maintenance of the children born in wedlock shall be regulated solely with due regard to the interests of such children. Moreover, article 681(2) provides that unless there are serious reasons for deciding otherwise, the children shall be entrusted to their mother up to the age of 5 years. For a contract made with a minor to be valid it must have the consent of the concerned custodian. Accordingly, a contract made with a minor is invalid unless it is in the *best interest of the child.*

111. High value is placed on the welfare of children in all Eritrean communities. Given that children are an asset to society, extended family members take responsibility for the care of children in circumstances where parents are unable to do so. The involvement of extended family members provides a strong network of resources that protect the best interests of the child. Furthermore, the laws of Eritrea guarantee the rights of the child to be heard in judicial proceedings affecting the child. According to article 804(2) of the TCCE, courts should, for example, hear the adopted child himself, if he is over 10 years of age, before making their decisions on the contract of adoption. This provision enables the court to assess whether such contract of adoption is beneficial or not to the well-being of the concerned child. With respect to children who have not attained 10 years of age, the court

shall ascertain and give consideration to the child's wishes and opinion regarding adoption. The MoJ has been evaluating the adoption law enshrined in the TCCE and has decided to make some amendments in the light of the best interests of the child and international norms. As a result, the Government has already prepared a draft civil code of Eritrea that amends some provisions of the previous law of adoption. This draft law is now in the final stage of editing and translation.

112. Acting in the best interests of the child is a key principle underpinning legislation and practices concerning children in Eritrea, including the developments outlined in this fourth report. More importantly, the principles of the best interest of the child are reflected in the laws of persons, family, contract and others, to, for example, safeguard the right to succeed, establish proof of paternity of a child, guarantee the right to life if born alive, and to determine guardianship in default of parents. The MoLHW translated the CRC into all local Eritrean languages and ensured that all the members of the judiciary are aware of the provisions of the Convention and other laws dealing with child rights. There is a promising trend regarding children's participation in consultative forums concerning relevant child issues. Separate child chambers are functioning to deal with judicial and administrative proceedings affecting children.

113. The institutions of the GoSE implement policies concerning the comprehensive protection of children which reflect the values and norms of the society, and as required, the MoLHW participates in non-judicial proceedings to ensure the best outcome for the children concerned. This includes overseeing and maintaining the correct legal treatment of children, and accordingly, representing and defending those who lack legal counsel.

114. The MoLHW through its social workers assigned in the subregions and the CWB established in the six regions and 27 subregions inspects the situation of children at the subregional administration levels to ensure compliance with statutory requirements relating to their treatment. The Ministry also reviews documentation related to the condition of children and collects information from teachers, social workers, psychologists, educators, jurists, law enforcement officers and the children themselves to ensure education, reorientation and correction.

115. Children's issues are formally discussed in meetings, seminars, communities, meetings in schools with CBRVs stationed in 51 subregional administrations through the guidance of the MoLHW. The PTAs, NUEW and NUEYS and child well-being committees at regional and subregional administrations, not only discuss CRC implementation activity but also monitor its setbacks in particular as related to torture and improper traditional treatment of children. All these activities, among others, go a long way in ensuring the best interest of the child and to render the culprit accountable.

116. The Eritrean legal system has various ways of protecting the privacy of victims of different crimes. It has many provisions that ensure the privacy of child victims and conducts proceedings in a manner that is child sensitive. When criminal proceedings affect children's lives their views are studied in different ways through exploratory discussions or conversation with specialists appointed by the court or police probation officers, depending on the circumstances of the case. According to the TPCE, a child offender who attains 12 years of age could be subjected to probation service or community service. Article 175 of the TCPC states that where any evidence or comments are to be given or made which are undesirable for the young person to hear, he/she shall be removed from the chambers while such evidence or comments are being given or made, and article 176(1) of the same Code states that where a young person is brought before the court, all the proceedings shall be held in chambers (in camera) and shall be conducted in an informal manner. These legal provisions, among others, go a long way in guaranteeing the proper treatment and safeguarding the best interest of the child.

117. To promote the best interest of the child, the NUEW in 2008 established gender advocacy groups in 74 schools, and training was given to 245 members, and to 73 TBAs in four regions. Similarly, training in gender education funded by the Norwegian Church Aid was provided to 186 students (49.4% girls), while incentives in kind such as radios were offered to 146 good girl students who had achieved well in grades 1-3 in several regions.

118. Mothers are the best guarantors for the promotion of the best interest of the child. In 2010, 29 donkeys each with rubber-made water containers (Jerba) were distributed to females in the Anseba region and refresher training was given to 28, 40 and 20 TBAs in the Anseba, Gash Barka and Maekel regions respectively. In Anseba region, subregions Keren and Hagaz, a project for strengthening the managerial and financial capacity of women was funded by a civil society partner in which 385 women beneficiaries received 1,748 goats costing about Nfa 1.9 million. Some 675 women beneficiaries in the Debub region also received around Nfa 879,500.00 for similar purposes. During the same reporting year, 30 female trainees from the Maekel region attended a six-month course on weaving.

119. Within the parameters of the best interest of the child, the MoLHW, the MoE, the NUEW and the NUEYS have been giving Vocational Skills Training (VST) to disadvantaged and vulnerable youth. While such training in different kinds of skills helped in the alleviation of poverty of the trainees, it is also believed to have contributed to the Government's efforts of capital formation.

120. In congruence with the relevant provision of the TCPC, the School Organization Guidelines of the MoE (1997) also clearly indicate that any form of corporal punishment is not allowed in schools. To this end, a training manual, "Avoiding corporal punishment in Eritrean schools", was prepared in 2010 to raise the awareness of teachers and other school staff members on the intentions of the manual. This training has reportedly started to bring about significant behavioural changes.

121. The NUEYS have been providing microcredits to the families of vulnerable youth so that they become role models to bring about social changes, promote their interest and benefit and increase their economic productivity through participation in income-generating activities. During the reporting period, the first pilot project was implemented in the Berik and Serejeqa subregions of the Maekel region, and the beneficiaries were 11 male and 8 female vulnerable youth engaged in different economic activities. Similarly, the NUEYS enabled 30 male and 32 female pastoralists in the Gash-Barka region through access to microcredits to alleviate poverty and underdevelopment.

122. Between 2008 and 2010, the NUEYS also worked and complemented towards ensuring gender equality in education through increased participation in education and enhancing the academic performance of female students at the elementary and middle levels. As a result, more than 80% of the weak girl students that participated in the project passed the national examinations, dropout was reduced by about 70%, and communities increased their awareness of the importance of girls' education. NUEYS reports reveal that 3,360 girl students from 84 classes in 6 region schools benefited from this project.

123. The NUEYS has also been organizing youth and adolescent members around clubs based on their best interests. Such clubs play a crucial role in training, advocating, sensitizing, and providing information to members and their target peers and to communities at large so as to create a platform for dialogue, debate, and discussion among youth and between youth and the community. In 2010, there were music and drama, reading and literature, creativity, debate and general knowledge, reading, mini-media, health, environment and sport clubs. The main activities of these clubs included: (a) conducting awareness campaigns on HIV/AIDS and STI epidemics and reproductive health (RH) problems like abortion among youth; (b) sensitizing on gender equality in education and leadership; (c) campaigning on harmful traditional practices such as FGM/C,

early marriage, teenage pregnancy and domestic violence that negatively affect the life of many female youth; (d) enabling youth to identify their talents by creating a competitive environment for writing poems, short stories and music, debating on topical issues, engaging in discovery, innovation and invention; and (e) enhancing awareness of the youth on environmental change and its preservation.

124. Youth clubs undoubtedly served the best interest of the child. In the three reporting years of 2008 to 2010, the NUEYS had 1,303, 1,259 and 1,292 functional clubs, respectively, throughout the six regions of the country. The decline in their number was due to merger and consolidation. The number of members varied from year to year and females represented some 45% of the total members. These clubs are reported to have performed more than 3,864 activities.

125. In the best interest of children and adolescents, the NUEYS has a number of TV programmes prepared by its own media personnel aiming at enhancing the knowledge of youth regarding HIV/AIDS, STIs, work ethics, time management, crime prevention, generation gap, early marriage, teenage pregnancy, abortion, domestic violence, peer pressure, education, gender, youth and love, anti-FGM/C, employment and community awareness on children and youth's rights and best interests. These issues were discussed weekly on TV by a group of young people with the support of a facilitator and panellist experts in varied fields. For example, between 2008 and 2010, a total of 101 programmes were broadcast. The children's TV show called *Wari* commenced in 2009 with the aim of weekly entertaining and educating children and broadcast a total of 89 programmes.

C. Respect for the views of the child

(The GoSE refers to pages 8-9, paragraphs 52-55, and recommendation No. 31 of the Committee of the CSTR.)

126. Article 14 of the TCCE recognizes and guarantees the right of everyone to express his/her opinion freely. All citizens have the right to freely express their views and opinions in the press, radio, television, cinema and other mass media. Customary laws and traditions also respect the viewpoints of children on familial and communal affairs.

127. Eritrean children who come from different ethnic groups have opportunities to air their views and opinions in situations where these are heard and respected. In the forum that the NUEYS provides, children and adolescents discuss the shortcomings of the educational process and school life and the function of their own organization. Nonetheless, the strategy is to ensure that children and youth take their own initiatives to satisfy or fulfil their interests, needs and expectations.

128. In the MoH's strategic development plan for adolescent health, it is indicated that children's views be given due consideration in the communities, families and the schools and that children have the right to be heard. Similarly, the MoLHW, in collaboration with the MoE, encourages the active participation of children in "subject area clubs", "Computer Clubs", "Young Creators/Scientists Programmes" and "Young Artists Programmes", and participation in sports and indoor games. Government and private Internet providers are available, but browsing pornographic websites and other illicit and unconstructive Internet surfing are forbidden and strictly regulated.

IV. Civil rights and freedoms

(The GoSE refers to pages 9-12, paragraphs 56-79, and recommendation No. 33 of the CSTR.)

A. Name, nationality and birth registration

129. Legal protection for children under Eritrean law and statutes is closely linked to the principles governing the social contract as regards relationships within the family, the community and the State which guarantee children personality rights such as names and nationality.

130. Birth of a child is recorded on the basis of a joint or single parental declaration in religious institutions, health facilities or regional administration offices. Children's filiations can only be proved by providing certification of the registration of their birth issued either by the religious or regional administration offices. There is no separate code or regulation that acknowledges the registration of children born out of wedlock. Instead, it is conducted through the same formalities that work for children born within wedlock. No mention is, therefore, made about parents' marital status in children's registration certificates referring to children's parentage.

131. Citizenship is governed by Proclamation No. 22/1992, which states that Eritrean citizenship is acquired by birth or naturalization. Such citizens, including children, have fundamental rights, freedoms and duties under the law of Eritrea.

132. In Eritrea, child registration is carried out by both the Christian and Muslim religious institutions within two months of the date of birth of the child. Eritrea is using the regional administrative networks to implement this important task up to the village level. Moreover, birth registration is under way at health facilities, whereas maternal, perinatal and neonatal deaths are notified from health facilities and communities. Asmara, the capital city, has always had a central municipal child registration system. Nonetheless, as of 2009, according to the regional household databases of the five regions, 60% of the under-5 children were registered and 1 million standard birth certificates were issued.

B. Freedom of expression

133. The right to freedom of speech/expression and press/publication is defined in accordance with the principle laid down in article 14 of the TCCE and Press Proclamation No. 90/1996, which guarantee freedom of expression irrespective of ethnic background, sex or age. Freedom of expression is also provided for in the TCCE under the chapter dealing with personality and the rights inherent to personality.

134. Children under 18 express freedom of speech and press through the main media channels of radio, TV and newspapers. In addition, the MoI, with the cooperation of the MoLHW and the NUEYS, sponsors several activities that enable children to enjoy full freedom of speech and opinion. At the household level, children in some Eritrean societies, more so than in others, exercise these rights more freely.

135. The "Interactive Teaching and Learning" pedagogical approach allows children to collectively and freely express their views and analyse academic problems and educational outcomes and channel their concerns and suggestions for resolving them.

136. Adolescents of voting age have the right to fully participate in elections but full exercise of free thought and expression may be restricted by the need to defend the

sovereign interest of the country or other restrictions spelled out by law, such as public order, morality, etc.

137. During the period under review, the GoSE has been making unrestricted efforts to spread public libraries to all the major towns of Eritrea. However, limited facilities and insufficiency of books remain a challenge. The serious shortage of materials and financial resources required to receive and impart information also poses a serious problem.

138. The TCCE, article 14(1a), and article 4(1a) of the Press Proclamation No. 90/1996 guarantee freedom of speech and expression, including freedom of the press and other media and a right of access to information. To guarantee such rights, the GoSE has allocated newspaper columns and enough air time to children's programmes. In addition, there is access to the Internet and children are free to access any information they want from different websites for educational purposes.

C. Freedom of thought, conscience and religion

(The GoSE refers to recommendation Nos. 35 and 37.)

139. Article 15 of the TCCE establishes that the State respects and guarantees freedom of worship. It articulates the separation of religious denominations from State matters which means that the State is secular, and reaffirms that different creeds enjoy the same consideration. The State, therefore, guarantees freedom of conscience and respects every citizen's freedom, including that of children and the youth, to profess, subject to the law, any religion of his/her choice.

140. In Eritrea, religious institutions freely appoint or dismiss ordained officials, freely hold or attend a large number of local, national and international religious events, regularly receive international representatives and religious literature, and many have their own periodical publications. Several religious denominations in Eritrea even own movable and immovable properties. During the period under review, new churches and chapels, and mosques were built or repaired.

141. Parents are free to provide their children with religious and moral education that accords with their convictions. This may take the form of religious teachings within the family or in religious schools. In addition, customary laws of many Eritrean ethnic groups explicitly state that religion is a personal affair.

142. No individual is allowed to use religion for political purposes or impose his/her belief on others (art. 15 of the TCCE). Activities that endanger national safety, security and supreme national interests, instigate refusal to participate in national service and incite or stir up acts of political or religious disturbances calculated to put the independence and territorial sovereignty at jeopardy are illegal under the Eritrean laws (arts. 253, 486 and 771 of the TPCE). Proclamation No. 73/1995 also elaborates the rights and duties of institutions under religious organizations.

D. The right not to be subjected to torture or cruel, inhuman or degrading treatment or corporal punishment

(The GoSE refers to pages 25-26, paragraphs 71-77, of the CSTR.)

143. Torture is incompatible with the principles and foundations of the general legal framework in operation in Eritrea. As a result, Eritrean laws guarantee its citizens, including children and adolescents, full freedom and dignity. Accordingly, slavery,

servitude and forced labour are prohibited by law. Also, any act of torture or cruel inhuman or degrading treatment or punishment is forbidden (arts. 417, 548 and 565 of the TPCE).

144. The MoLHW, in collaboration with the MoJ, is responsible for overseeing the treatment of children and adolescents and ensuring its legality. In the case of any violation of the integrity of a child's person, the child protection office of the MoLHW and the Office of the Attorney General are required to represent and defend the interests of the child.

145. The TCPC provides variety of mechanisms to rehabilitate and reform juvenile offenders. Child offenders are not subject to any punishment but the court can take measures such as reprimand, placing the child offender under the care of his/her parents or guardians, or in a suitable home established for the care of children or under the care of qualified professional to provide treatment when the child is in need of medical, emotional or mental treatment. Besides the MoE's initiative on avoidance of corporal punishment, the MoLHW has been carrying sensitization sessions to avoid inflicting corporal punishment or ill-treatment of children as a traditional method of disciplining a child among some segments of the society.

146. Proclamation No. 1/1991 officially rejects corporal punishment and flogging as inhumane kinds of punishment. The TPCE also prohibits corporal punishment in families, schools and any other institutions. Therefore, all government and civilian institutions are obliged to use alternative forms of discipline like caution, rebuke, admonishment, etc., rather than using corporal punishment. Article 548(1) of the TPCE also states that any parent or guardian who beats, ill-treats, overburdens or neglects his/her child may be deprived of his/her family right. In this regard, training was provided to the national police regarding legislations and internationally applicable instruments/standards for children.

V. Family environment and alternative care

(The GoSE refers to pages 26-27, paragraphs 78-82, and Committee's recommendation No. 63 of the CSTR.)

A. Parental guidance and responsibilities

147. The Government upholds its conviction that the family is, as a social institution, crucial for the overall social and physical development of the child. During the period under review, efforts were made to: (a) strengthen the family unit so as to provide better environment for the growth and development of children; (b) empower communities to coordinate and promote good childcare and appropriate socialization practices; (c) create favourable grounds for orphans to remain within their communities; and (d) strengthen the coping mechanism of caretaking families by way of income-generating schemes. In short, various activities were implemented to empower families through community-based interventions such as the Community-Based Reunification Programme (CBRP) of orphans, street children, support to martyrs' and HIV/AIDS-affected families.

148. Legal relationships within the family and the functions, rights and duties of parents are defined in the TCCE. The State and society do not just require parents to meet their genitorial responsibilities but also provide them with the opportunities and support systems in the form of, for example, free education and health to care for their children.

149. Eritrean cultural traditions and the TCCE institutionalize parental authority over children as minors with regards to the latter's rights to property, guardianship and guidance, representation and correction, and custody and alimony. In turn, children are bound by the

Constitution of Eritrea (art. 22(3)) to respect their parents and to sustain them during their old age.

150. In Eritrea, even in the most adverse circumstances, families and communities gave utmost love and affection for the well-being of their children to develop their potential as useful citizens. The resources needed for such commitments were mobilized through public sensitization and intervention on good childcare practices, observance of the rights of the child, strengthening the family unit, encouraging community care, parental responsibility, appropriate behaviour and resource allocation for the protection and development of children.

151. To this effect, the MoLHW, in cooperation with UNICEF, has given significant emphasis to the promotion of community-based interventions on good childcare practices to strengthen the capacity of most disadvantaged families to take good care of their children, and to encourage parental responsibility to inculcate appropriate behaviour for the protection of children.

B. Separation from parents

(The GoSE refers to pages 28-29 of Eritrea's CSTR for details on child placement principles.)

152. According to articles 681(1) and (2), 210 and 211 of the TCCE a child must be placed under the custody of parents or close relatives. In circumstances such as divorce, insanity or any other serious child abuse case entailing separation, family arbitrators or the court may decide whether the child must be separated from one or both parents. In divorce, an under-5 year old child is placed under the custody of the mother. An application could be made by a close relative or public prosecutor to remove a child from one or both parents or legal guardian. The court may in its own way make a comprehensive investigation on the additional reasons for the removal of the child and decide for or against the removal of the child and then appoint a guardian for him/her.

153. The customary laws of Eritrea also provide for a variety of mechanisms for child placement after divorce. In general, a female child is placed under the guardianship of a mother and a male child under that of a father. In the extreme cases of child abuse or insanity of parents the extended family bears the responsibility of guardianship.

154. The MoJ is currently engaged in the construction of additional infrastructural facilities and the allocation of human resources to the communal courts to avoid crowding of cases related to child separation and to facilitate the handling of cases concerning the legal processing of issues of adoption.

C. Family environment and alternative care

(The GoSE refers to the Committee's recommendations Nos. 43 and 45 of the CSTR and Eritrea's responses thereto included in this report.)

155. In the period under review, different types of intervention programmes were implemented from time to time to safeguard the growth and development of orphans and to transform the family environment for the purpose of promoting the optimum development of orphaned children. In this regard, considering the social structure of the Eritrean people and the best interest of the child, among others, the MoLHW formulated realistic policy options for disadvantaged and vulnerable children, including orphans and street children, using the community-based approach. These include: (a) re-unification; (b) adoption; (c) fostering; (d) group homes; and (e) orphanages.

156. The MoLHW has always responded to the problem of the survival of orphans by enhancing the awareness of the society for the care of orphans, reunifying orphans with their closest blood relatives and providing long-term economic support for orphan care-taking families through income-generating schemes. The general objective of the reunification programme of orphans with their closest extended families as the first and most sustainable approach is to provide them with basic needs like food, shelter, clothing, education, health care, etc., and to extend to them the required love, affection, and protection similar to those of their peers living with their own families. The MoLHW has given top priority to the reintegration of orphans with their kin or adopted or housed in-group homes. This intervention in its own right has supported orphans hosted in group homes. The GoSE places orphans in orphanage centre only as a last resort.

D. Orphans placed in families and communities

157. The MoLHW placed many orphans in extended families as a way of providing care and protection familiar to a family environment.

158. The GoSE is strongly committed to the implementation of the reunification of orphans with close relatives or extended family members to enable them get a stable life after the loss of their parents. Although the extended families have been rendering due care to the orphaned children, the Government supported these disadvantaged families through financial support for income-generating activities. This strategy is still considered as the best option for meeting the socioeconomic and psychosocial needs of orphans. Evaluation surveys carried out by the MoLHW revealed that most orphans were in good shape in their present situation, are attending classes, liked their host parents and had positive expectations for the future.

159. During the period 2008 to 2010, there were 7,362 orphans (47% females) who were reunified with 2,905 families. As indicated in Table 1, 3,766 children between the ages of 4 and 18 years were placed in extended families in 2008 through the income-generating activities implemented by the MoLHW. The reason for the decline in the number of reunified orphans from 3,766 in 2008 to 1,538 in 2009 and 2,058 in 2010 was mainly due to the limited resource available for the reunification programme. Independent evaluations carried during the reporting period strongly suggest that children placed with extended families enjoyed care and love similar to those children who live and grow with natural parents. Orphan children for whom close relatives could not be found were placed in orphanages.

Table 1
Orphans re-unified with families

	2008			*2009*			*2010*		
Age in years	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*
0-4	425	417	842	187	173	360	182	182	364
5-9	557	557	1 114	260	254	514	310	306	616
10-14	652	546	1 198	277	136	413	370	324	694
15-18	344	268	612	127	124	251	209	175	384
Total	**1 978**	**1 788**	**3 766**	**851**	**687**	**1 538**	**1 071**	**987**	**2 058**

Source: MoLHW, 2010.

160. Because of the economic support given to the disadvantaged families taking care of orphans, the host families' livelihood situation has improved in terms of food security status and with regards to the health condition and school performance of the orphans themselves. Moreover, reunifying orphan children with blood relatives was found to be not only cost-effective but also an efficient way of healing the psychological wounds of orphans.

161. Between 2008 and 2010, economic assistance to the host families has thus brought significant changes in the lifestyle of assisted families not only by raising the socioeconomic status of host families but also by directly affecting the orphan children themselves. For example, by prioritizing female-headed households for support and economic assistance, women were given the opportunity to go beyond traditional subsistence farming and engage in production and marketing of local agriculture crops.

E. Adoption

(The GoSE refers to Eritrea's responses to the Committee's recommendation No. 47.)

162. Adoption is a legal procedure that establishes a new parent-child relationship or family placement in which the rights and responsibilities of one or more parents are fully and irrevocably transferred to one or more adoptive parent. In as much as an adoptive parent assumes all rights and responsibilities of the natural parent, the adopted child is entitled to inherit property just like the child belonging to natural parents. Adoption therefore is normally seen as a permanent living arrangement for the child conferring on him/her full membership of his/her adoptive family. In Eritrea, adoption is covered under the TCCE, articles 796-806.

163. The numbers of orphans that were reunified with adoptive parents through the course of 2008-2010 were 30. About 53% of these were in the age group 1-4, 23% below one year and the rest in the age group of 5-14 (Table 2). In 2009, a monitoring visit that aimed at assessing the living conditions of 33 orphans who had been earlier adopted by 28 foster parents that was made in Maekel region. The assessment revealed that all the children were in good health and that the health condition of children with adoptive parents was found to be better than that in orphanages mainly due to the fact that adoptive parents provided good diet and medical care. Moreover, these children played with the children in the community and went to school with them. In this regard, the MoLHW implemented sensitization programmes to the population about opportunities for adoption, provided social support services for adoptive families and conducted follow-up studies to assess the efficacy of the programme.

Table 2
Adoption

	2008			*2009*			*2010*		
Age in years	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*
< 1year	-	-	-	-	4	4	2	1	3
1-4	2	4	6	2	3	5	1	4	5
5-9	-	-	-	1	3	4	1	1	2
10-14	-	-	-	-	1	1	-	-	-
Total	**2**	**4**	**6**	**3**	**11**	**14**	**4**	**6**	**10**

Source: MoLHW, 2010.

F. Community-Based Group Home (CBGH) services

164. Group home care provided a family-like lifestyle to orphaned children with the help of trained caregivers. This is preferred when foster or adoptive parents are not available. Each group home cared for 12 children and had a mother and an assistant. Such group home services are based within communities and have enabled orphaned children to go to local schools, play and interact with local children and feel a sense of belongingness to family and community. Selection of the children is based on factors like loss of both parents and/or cases where the whereabouts of parents is unknown. Orphans who were not placed in extended families were also made eligible for placement in group homes.

165. In the period under review, children in group-home care were placed in the regions and villages from which they originated with the intention of preserving their identity and to enable them to benefit from community resources when they grow up. The group homes were administratively attached to the regional and subregional offices of the MoLHW to facilitate the delivery of necessary social services such as education, health and socialization. The resident host communities in the towns and villages where the group homes are situated are extremely cooperative. They treat orphans as part and parcel of the host communities and provide them with the same rights as any other indigenous person, including opening access to residential land when he/she becomes an adult. Elders visited the group homes and informed the orphaned children about the ethno-history of the community, treated them as part and parcel of the village/town children, and were committed to providing them with the same rights as those given to any other indigenous person in the host community.

166. CBGH services managed by the MoLHW located in the six regional administrations have helped the orphans from both sexes to attend school, to grow in a family-like environment and learn from their peers and surroundings. In 2009, there were 22 CBGHs operating throughout the country hosting 260 orphaned children of both sexes. As indicated in Table 3, almost 40% of the orphans were in the age bracket of 5-9. Each group home catered for 12 children and had a mother and a father figure and acted like a natural family at home. While providing good care to orphans hosted in CBGH, the MoLHW will pursue to search for reunifying orphans with close relatives and as a result to downsize the number of CBGHs in the country.

Table 3
Orphans placed in group homes

	2008			*2009*			*2010*		
Age in years	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*
0-4	6	3	9	6	3	9	6	3	9
5-9	51	52	103	52	51	103	52	51	103
10-14	55	52	107	53	48	101	53	48	101
15-17	20	25	45	21	26	47	21	26	47
Total	**132**	**132**	**264**	**132**	**128**	**260**	**132**	**128**	**260**

Source: MoLHW, 2010.

G. Orphanages

167. The GoSE's options being to place orphans in orphanages as a last resort, it has as a result, been striving to continuously de-institutionalize them. Nonetheless, in the three years under review, the cumulative numbers of orphans in orphanage centres were 294, 349 and 341, respectively, of which almost half were girls (Table 4).

Table 4
Orphan children cared for in orphanage centres

	2008			*2009*			*2010*		
Age in years	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*
0-4	13	6	19	13	10	23	22	17	39
5-9	30	33	63	54	60	114	56	53	109
10-14	77	69	146	44	52	96	37	49	86
15-17	27	39	66	67	49	116	47	60	107
Total	**147**	**147**	**294**	**178**	**171**	**349**	**162**	**179**	**341**

Source: MoLHW, 2010.

H. Orphans of HIV/AIDS living with extended families

168. As shown in the Table 5 below, 3,029 or 67.1% infected and affected orphaned children of HIV/AIDS living with extended families were in the age brackets of 5-9 and 10-14 years during the reporting period. The remaining 1,486, or 32.9%, were in the remaining age brackets. Cognizant of this fact, the MoLHW which, among others, is responsible for supporting HIV/AIDS affected families, has been implementing major programmes for the rehabilitation of 4,515 infected and affected orphans by HIV/AIDS to: (a) strengthen their coping capacities by way of income-generating activities; (b) enable such families look after their members; (c) strengthen the care and support to be provided by families and communities; and (d) provide assistance to extended families that care for children of parents who died of AIDS and for child-headed households on sustainable basis.

169. Two thousand and thirty-five children infected with HIV/AIDS and who started ART from the six regions of the country have been traced and offered a monthly financial contribution as support for family members' nutrition and children's education (Table 5). The number of assisted infected and affected orphans declined from 2,401 in 2008 to 584 in 2009 and 1,530 in 2010 because of shortage of funds to run the programme. Moreover, the MoLHW has been implementing the provision of support in the form of grant fund to families that host children infected with HIV/AIDS to start small-scale income-generating activities to solve the long-term economic problems.

Table 5
Assisted infected and affected orphans of HIV/AIDS living with families

	2008			*2009*			*2010*		
Age in years	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*
0-4	106	131	237	25	29	54	104	102	206
5-9	290	348	638	99	94	193	250	249	499
10-14	508	384	892	130	104	234	309	264	573

	2008			2009			2010		
Age in years	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*
15-17	359	275	634	60	43	103	140	112	252
Total	**1 263**	**1 138**	**2 401**	**314**	**270**	**584**	**803**	**727**	**1 530**

Source: MoLHW, 2010.

170. In 2010, about 480 social workers, community immobilizers, peer educators, and facilitators identified from six regions were trained for 10 days to raise the level of awareness about and protection from HIV/AIDS among orphans, vulnerable children and out-of-school children. As a result, the capacity of social workers, community mobilization facilitators have improved. They sensitized 2,400 community members from six regions on HIV/AIDS prevention for five days.

171. During the reporting period, the number of children-headed households due to HIV/AIDS was documented and it was found that their number was 260 in 2008 (49% females), 83 in 2009 (59% females) and 67 in 2010 (58% females) – Table 6. The reason for the decline from year to year is attributed to the rigorous efforts made to place the orphan children with extended families. By and large, the greatest number of these children was found within the age bracket of 15-17 years.

Table 6
Distribution of children-headed households due to HIV/AIDS

	2008			2009			2010		
Age in years	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*
10-14	89	80	169	14	20	34	12	16	28
15-17	43	48	91	20	29	49	16	23	39
Total	**132**	**128**	**260**	**34**	**49**	**83**	**28**	**39**	**67**

Source: MoLHW, 2010.

I. Families of martyrs

172. To ameliorate the plight of martyrs' families and their orphaned children the GoSE through the Martyrs' Survivors Benefit has been providing Nfa 500 per martyr per month. In total, the GoSE has spent Nfa 340 million annually during the reporting period. Thirty-seven per cent of the beneficiaries were orphan children and youth. The impact of the scheme includes vivid improvement in their livelihood, which among other things, contributed to the children attending school without interruption.

173. This national programme to support survivors of family members of martyrs has enabled martyr's orphan children to improve their livelihood in general and attend schooling in particular. Moreover, this programme is supported not only by the Government but also by Eritrean citizens living inside and outside the country. The resources secured from these individuals have been in the form of money, material support as in assisting in the emotional healing of orphans.

J. Child abuse

(The GoSE refers to recommendations Nos. 49 and 50 of the CSTR.)

174. The term "child abuse" covers the areas of physical, sexual, psychological and emotional harm perpetrated on a child by another person, whereas "child neglect" refers to failure by an adult(s) to provide the basic necessities of life by which the child may grow up and thrive properly. The categories of child abuse and neglect include: sexual abuse, physical abuse, and acts of neglect and abandonment of children. Both appear to be especially critical for the girl child, orphans and street and other disadvantaged children.

175. The TPCE has many provisions regarding child abuse and neglect. Article 626(1) of this Code states that a parent or a person exercising parental authority that grossly neglects children under his/her charge and abandons them without due care and attention or exposes them to moral or physical danger is punishable with imprisonment. As per article 548 (maltreatment of minors), the court may deprive the culprit family of its family rights. The Penal Code also prescribes more severe punishment for an offence accompanied by violence than for a criminal who commits the same offence but without using violence. This same Penal Code extends its prescription on all forms of sexual and domestic violence against children.

176. In the Eritrean context the child belongs first and foremost to his parents where protection starts and at the same time the child also belongs to the community. The MoLHW has prepared a training manual for social workers and partners to address issues of violence and abuse against children. They conduct continuous awareness-creation campaigns for community elders and religious leaders and supervise the proper application of the school code of conduct to ensure that abuse is not committed by teachers. In addition, the MoLHW has developed and disseminated promotional materials which reflect the provisions of the CRC on child abuse and proper child upbringing. In all these efforts, the main stakeholders, i.e., MoLHW, MoE, Police, the Attorney General's Office and civil society organizations participate actively. According to the report secured from the Eritrean Police, the number of abused children in 2008, 2009 and 2010 was 206, 189 and 137, respectively.

177. Child victims of sexual or other forms of abuse are provided with the necessary psychological and other forms of support for their full recovery and social reintegration in order to minimize neglect, social workers and child well-being committees at grassroots level continuously conduct supervision to ensure that children are provided the necessary attention and support.

178. Under customary law alleged perpetrators of child abuse were also subjected to punishment. Consultations and meetings are conducted to take appropriate measures to correct and redress the problems encountered. If a person commits serious child abuse, he/she is subjected to social isolation and social ostracism to be followed by compensation either in material or financial form. Moreover, if a family fails to give the required care and support and there is confirmed neglect of the child, the Office of the Attorney General can demand that the child should, for certain period, be put under the guidance of either the closest family member or volunteer member of the community to give the required care and support, notwithstanding that the child in the final analysis would remain within his/her mother's or father's fold.

179. The application of a 24-hour three-digit toll-free helpline for children does not go with the current Eritrean situation. It does not square with the norms and values of a typical family in the country where families, communities and government institutions all strive for the well-being of the children.

K. Children with disabilities (CWD)

180. During the period under review, the MoLHW strengthened and expanded the CBRP for persons with disability in 51 subregions covering over 90% of the country. CBRVs in these subregions numbered around 2,690, of which 25% were female. The overall objective of the programme was to promote and advocate for the human rights of persons with disabilities and to improve their livelihoods and those of their children. Besides enhancing community awareness, the CBRVs played a critical role in the advocacy for equal access to opportunities for disabled families. Hence, the disabled of both sexes were able to: (a) access vital resources such as land for farming and/or for residence; (b) access educational institutions (schools for disabled children and other formal and non-formal education and training for the disabled youth); (c) access to health-service facilities; (d) actively participate in communal meetings; and last but not least (e) establish families.

181. In Eritrea, there are four associations for persons with disabilities: (a) The National Patriotic Association of the Disabled Persons; (b) The Eritrean Association of the Blind; (c) The Association of the Deaf; and (d) The National Association of Autism and Down's syndrome. These associations play a complementary role in the improvement of the quality of life of the CWD; as well as in advocating for the right of CWDs and sensitize families and communities about CWD. All these initiatives have helped the families of CWDs to send them to school and also to promote love and affection.

182. The MoLHW, in cooperation with the National Association for the Deaf, has published the first Sign Language Dictionary, which was disseminated throughout the country including in schools, public libraries and bookstores and stationeries. This undertaking is expected to contribute to the education of deaf children to more clearly express themselves, enable them to communicate more easily with the general public and easily interact and play a more active role in their social milieu.

183. Other components of the CBRP include: self-care, communication and movement, behaviour stimulation, training for children with epilepsy and learning difficulties as well as referral to hospitals, physiotherapy centres, orthopaedic workshops, and special schools for the blind and the deaf. As part of the programme, HIV/AIDS information education communication leaflets on community-based approaches and sustainable and good care practices for orphans and out-of-school children were printed and disseminated to communities and target beneficiaries. These achievements were recorded in the face of formidable challenges, especially that of scarcity of resources.

184. As part of the programme to promote the welfare of children, village rehabilitation committees, composed of representatives from the village administration, the NUEW, and disabled members of the village communities, were established in 51 subregion administrations. Local supervisors were recruited to follow up and enhance awareness building, assist in land distribution, and support the community rehabilitation volunteers. Furthermore, the MoH had developed a strategy that enables health professionals to identify developmental disabilities in the early period of children's lives so that appropriate actions could be taken. The strategy was incorporated into the Integrated Management of New Born and Childhood Illness (IMNCI), which is the key strategy that manages the most common causes of diseases in children under the age of 5 years. The MoH conducted training for health workers from the primary health-care facilities who, on returning to their respective employment places, would incorporate the skills to identify any developmental disabilities and take appropriate remedial action. The MoH has also opened a wing in some of the health facilities where congenital and acquired disabilities such as coronary heart disease (CHD, clubfoot, cleft palate, motor defects of children, etc., are corrected.

Access to school for children with disabilities

185. During the reporting period, the MoLHW with financial support from UNICEF, implemented the Donkey for School Project, which involved the provision of donkeys with accessories to: (a) enable physically disabled children attend schooling; (b) support household income of the families of the disadvantaged children; and (c) ease the household burden of young girls in, for example, fetching water and wood. In short, the Donkey for School Project initiative was intended to primarily enhance the education rights of CWD from villages located in difficult terrain. Concomitantly, however, the project has also created additional income to poor households and thus helped to minimize the livelihood risks faced by vulnerable children.

186. From 2008 to 2010, 876 donkeys with accessories were provided to 876 children with disabilities in the six regions of which 62.8% were males (Table 7). Moreover, 778 (91%) of the beneficiaries were in the age bracket 10-14 and 15-18 years. According to the evaluation conducted in 2010, both disabled girls and boys and their families were able to benefit as per the intended objective of the project. More specifically, 326 (37.2% females) children with disabilities were provided with donkeys as means of transport resulting in the reduction of the drudgery of women and girls and in disabled boys and girls attending school.

Table 7
Donkey and accessories for children with disabilities by age (2008-2010)

Age	*Male*	*Female*	*Total*
0-4	-	1	1
5-9	57	40	97
10-14	227	147	374
15-18	266	138	404
Total	**550**	**326**	**876**

Source: MoLHW, 2010.

Orthopaedic appliances for CWD

187. The MoLHW also operated three orthopaedic workshops in the country which produced various appliances and devices including wheelchairs, crutches and body's trolling to disabled children of both sexes. As indicated in Table 8, 300 children (49% girls) were provided with orthopaedic appliances in the three years of reporting. These appliances have enabled the disabled children to participate in all opportunities including attending their education.

Table 8
Disabled children provided with orthopaedic appliances

	Sex		
Year	*Male*	*Female*	*Total*
2008	40	36	76
2009	34	33	67
2010	34	35	69
Total	**156**	**144**	**300**

Source: MoLHW, 2010.

188. Initiatives taken by the MoE towards addressing the problems of the disabled children include: (a) an Inclusive Education Policy by the MoE, which provides for the provision of facilities and resources for disabled children in schools; (b) efforts made by the MoE to promote education for CWDs such as the vision and hearing impaired, children affected by autism and Down's syndrome; and (c) mainstreaming persons with disability at secondary schools and colleges. Among the MoH efforts include trying to sustain polio-free status by vaccinating all children 0-50 month old.

VI. Basic health and welfare

A. Introduction

189. The GoSE has, between 2008 and 2010, achieved quite a lot in the areas of health infrastructure, human resource development and availability of medicine, and medical equipment and other supplies. In the country as a whole, there are 321 health facilities of which 28 are hospitals, 56 community hospitals, 7 mother-child health clinics, 186 health stations and 44 institutional clinics. There is one referral regional hospital in each region and one national referral hospital located in the capital city, Asmara. These efforts have, among others, significantly narrowed the disparities between urban and rural areas in the provision of health services, and as result access to a health facility is now available within an average distance of 10 kilometres from any village community in Eritrea.

190. During the reporting period, the GoSE has been giving top priority, among others, to maternal and child health-care programmes. The recently revised National Health Policy and National Health Sector Strategy have taken special notes on Family and Community Health Care. Despite the continuing challenges, the programme has brought about commendable improvements over the past three years, as a result of which all health facility and community-based maternal and child health services have improved quite remarkably.

191. As the result of the different measures taken, maternal and child health mortality ratio (MMR) in Eritrea has declined from 1,400/100,000 live births in 1990 to 486/100,000 live births in 2010 (2010 EDHS report). Under-5 mortality ratio has also shown consistent decline from 136/1,000 LB in 1995 to 63/1,000 LB in 2010 (EDHS). Nonetheless, these mortality ratios are still unacceptably high and the MoH, in collaboration with its local and international partners, has been doing its best to further reduce the maternal and child morbidity and mortality ratio.

B. Family and reproductive health

(The GoSE refers to pages 33-60, paragraphs 108-228, of the CSTR, and recommendations Nos. 54 and 59 of the Committee.)

192. The main objective of the expanded national reproductive health (RH) programme is to reduce maternal and neonatal morbidity and mortality ratios that are associated with pregnancy, childbirth and post-partum period. The revised National Health Policy and National Health Sector Strategy took special note of Family and Community Health Care, and therefore, the RH programme has been continuously intensifying its activities by strengthening the maternal and child health services, as well as the quality of care for women and children in the country. Despite the continuing challenges, RH services in almost all the 249 health facilities have shown much improvement.

193. According to the 2010 EPHS, mortality rate among infants was 42/1,000 live births (LB), under-5 mortality rate declined from 85/1,000 LB in 2007 to 63/1,000 LB in 2010, and maternal mortality rate (MMR) declined from 752/100,000 LB in 2007 to 486/100,000 LB in 2010 (Table 9). The EPHS further provides that women of child-bearing age and children make over 60% of the total population. It is also indicated that about 50% of infant mortality is due to neonatal causes. For this reason, maternal and child health are top priority agenda of the GoSE and the MoH is doing its level best to reduce the figures to more acceptable levels. Eritrea is one of the few countries in Africa, which is on track to achieve MDGs 4 and 5.

Table 9
Rates of neonatal, infant and child mortality

No. of Death per 1,000 Live Births	*2008*	*2009*	*2010*
Mortality rate among infants			42/1 000 LB
Under-5 Mortality Rate	-	-	63/1 000 LB
Maternal Mortality rate			486/100 000

Source: MoH/EPHS, 2010.

Quality antenatal care

194. In 2010, there were 249 facilities in Eritrea providing ANC services, where nearly 90% of pregnant mothers made at least one ANC visit and 50% made four visits.

195. Malaria and severe anaemia during pregnancy are two of the major contributors to maternal and newborn deaths or to foetal and maternal morbidity and mortality. The distribution of mosquito bednets and timely treatment for malaria as preventive measures are remarkable achievements in terms of saving lives of many mothers and neonates. The overall mosquito bednet coverage in the general population is close to 94%.

196. Prevention and treatment of maternal malnutrition and the provision of iron, folic acid and other micronutrients in health facilities are important components of antenatal care. The rate of iodised salt consumption had by 2010 reached up to 90%. Clients and families are urged to make the necessary preparations for delivery by skilled birth attendant in a health facility within two hours of the onset of labour including making use of Maternity Waiting Homes (MWHs) or making arrangements to stay with their relatives or friends, who live in places where Emergency Neonatal and Obstetric Care (EmNOC) facilities exist during the last 2-4 weeks of pregnancy.

Preparedness for delivery by skilled birth attendant (SBA) in a health facility

197. Culturally speaking, most mothers decide to deliver at home with the assistance of unskilled birth attendants for many practical reasons. In this regard, the roles of TBAs appear to have no impact on the reduction of maternal and newborn deaths. It is estimated that only one third of complications that lead to maternal and newborn deaths are detected during the antenatal period. The remaining two thirds occur during labour and within 24 hours of delivery. Much has been done by the RH programme of the MoH and its partners to avert this traditional practice, and as a result it is believed that the proportion of mothers delivering with skilled birth attendants in a health facility will increase markedly by 2015.

198. Monitoring the progress of labour using pantographs and by checking foetal heart rates makes a vital contribution to the short and long-term health of the newborn. If foetal distress is detected, urgent delivery, including Caesarean section, is performed in most hospitals.

Quality of newborn care

199. The RH Unit of the MoH is working closely with its partners like UNFPA and UNICEF in order to ensure the availability of resuscitation equipment and the provision of EmNOC for quality newborn care. During the reporting period, adequately equipped neonatal units were established and training was conducted for the management of newborns. A Pre-natal/Neonatal Committee to oversee the development of guidelines and indicators for newborn care was also established. All kinds of congenital abnormalities are detected at this stage and corrective measures taken at the national referral hospital.

Access to emergency neonatal and obstetric care

200. The greater proportion of maternal and neonatal deaths occurred in rural and in disadvantaged communities, and this was due to: (a) lack of adequate provision of EmNOC; (b) constraints with regard to communication and transport services; and (c) failure to utilize the services of skilled birth attendants during delivery. During the last three years, much has been done in this area to avert the situation and much has been achieved.

201. To alleviate the health and other social problems of communities, the RH programme has been striving to increase the coverage of crucial health services, like, to rural vulnerable peoples. This required the upgrading of infrastructure, skills, knowledge and motivation of the health staff responsible for delivering quality of RH services.

202. The RH programme has been taking tangible steps to increase the proportion of fully functional comprehensive EmNOC facilities from 62 to 90% by 2015. This initiative is expected to decrease neonatal and maternal mortality and morbidity, and especially obstetric fistula. Extensive training programmes are going on at the national level. Nurses, midwives and medical doctors are being trained on EmNOC procedures.

Postpartum Care Home Visit (PPC)

203. The introduction of PPC and its "continuum of care" in 2007 have had a great potential to make significant contributions to the reduction of maternal and newborn morbidity and mortality. Health facilities that provided PPC services have thus increased from 5% in 2004 to 29.7% in 2009.

204. In 2009, approximately 41,600 mothers and newborns were visited during the postpartum period. PPC visits resulted in the identification of 533 maternal and 147 neonatal complications such as postpartum haemorrhage, pregnancy-induced hypertension, breast abscess and sepsis, asphyxia, bleeding from the cord and sepsis. Those with complications were either treated at home or referred to higher level care.

205. During postnatal care mothers, among others, are taught about the nutritional and immunological advantages of breastfeeding to the foetus, and about the contraceptive value of breastfeeding to the mother.

Linkage of maternal/newborn health and HIV/AIDS programmes

206. HIV/AIDS and RH programmes in Eritrea are linked in areas such as: (a) antenatal care, including information and education on HIV prevention, counselling and testing; (b) prevention of mother to child transmission (PMCT) through the management of women with HIV during pregnancy, delivery and postpartum period; and (c) availing of protective materials and detergents for caregivers working with people living with HIV/AIDS (PLWHA). Extensive HIV/AIDS preventive and curative measures have been carried in all health facilities and especially so in obstetrics and gynaecology departments in all health facilities.

Access to contraceptives

207. Use of contraceptive methods helps individuals and couples to decide when to start, how to space and when to finish having children. Contraceptives in the form of injections, oral ones and condoms were made available in almost all of the health facilities. However, the Contraceptive Prevalence Rate in Eritrea has remained as low as 8%, and to improve the situation, community-based awareness training activities have been conducted. The MoH strongly believes that planned family spacing could help to improve the health of mothers and the growth and development of children.

Harmful traditional practices

(The GoSE refers to pages 17-18, paragraphs 30-34. of the CSTR.)

208. The general provision for the upper age limit of childhood is 18. Of the total population of Eritrea, the population aged 0 to 18 years is estimated to be 1.5 million, of which 51.3% are boys and 48.7% girls. Under the TCCE, any contract of marriage made between spouses below 18 years of age is null and void. Individuals younger than this are thus not allowed to marry. In exceptional circumstances and with good cause, however, children below 18 years may be authorized to marry provided the girl is no less than 14 and the boy is at least 16. Sensitization programmes have been conducted by involving community, traditional and religious leaders as well as the society at large, including children themselves, to enforce this legislation and curb the practice of early marriage and thus avoid its adverse consequences.

209. Accordingly, assessment was made on minimum marriageable age under different ethnic groups so as to develop an appropriate sensitization programme pertinent to this purpose and consistent with article 1 of the CRC. Most written customary laws determine marriageable age through consensus of community elders while the unwritten customary laws determine such ages according to physical maturity, cultural ceremonies and participation in economic activities. For example, the written legal tradition of *Habsullus Gerekhristos* sets marriageable age at 15 for female and 18 for male. Most customary laws do not, however, specifically state the minimum age for marriage and other marital relationships.

210. Proclamation No. 1/1991 of the GoSE specifies that any contract of marriage made between persons (spouses) below 18 years of age is null and void, and that the spouses and witnesses to such marriage shall be punishable under the Penal Code. The MoJ in collaboration with the MoLHW, the Police Department, the NUEW, the NUEYS and the Ministry of Information (MoI) has been conducting sensitization programmes involving community elders and traditional and religious leaders to enforce this provision and curb the harmful practice of early marriage.

211. Although Proclamation No. 158/2007 was a milestone towards banning the practice of FGM/C, the practice is still deeply rooted in the cultural and religious beliefs of some communities and thus a significant number of young girls continue to be affected. To confront this formidable challenge, the country has been intensifying its anti-FGM/C campaigns and sensitization seminars. Heavy penalty is imposed on those who perform FGM/C and their collaborators. The NUEW worked vigorously on the application of the Proclamation by giving refresher training concerning advocacy and sensitization against FGM/C to 692 students (56% girls), in 12 subregions. Sensitization and awareness campaigns were conducted among 40,831 persons (46.1% women) organized in peer groups. In region NRS alone, training in advocacy and sensitization was offered to 327 kebabi administrators (785 women). The NUEW distributed copies of the Proclamation to about 15,000 communities, which served as a tool for campaigning, mobilization and law

enforcement. Recent pilot survey shows that the FGM/C practice has started to markedly decline in many areas of the country.

212. During the reporting period, about 54 circumcisers and parents of circumcised children were convicted and fined based on the relevant provisions of the Proclamation. Community mobilisers (including the CBRV-conducted sensitization sessions to 120 community members including traditional and religious leaders on harmful traditional practices in general and the practice of early marriage in particular). The Government believes that these campaigns will, among others, contribute in curbing the harmful traditional practice of early marriage and FGM/C. Radio, television and newspapers, as the main media outlets, conducted in disseminating first-hand information on the rights of the child and the practices of early marriage as well as on harmful traditional practices. The MoE has also included the harmful nature and its adverse effects of this practice in the school curriculum.

213. The vigorous implementation of these campaigns has resulted in the decline of the prevalence of FGM/C in girls who are under 15 years of age to 33% and the number of mothers who support FGM/C has dramatically dropped from about 50% in 1995 to 12% in 2010. Furthermore, the prevalence of FGM/C in under-5 girls dropped to 12.2%. The GoSE has also tried its level best to engage the previous FGM practitioners into alternative means of livelihood or source of income.

The National Blood Transfusion Centre (NBTC)

214. In 2007, the NBTC brought into focus a greater need for quality awareness, staff sensitization and appointment of an officer to champion quality issues in the blood service delivery. To this end, the MoH in close collaboration with partners undertook three major steps: (a) the training of quality manager who would champion the Quality Management Systems (QMS); (b) the recruitment of a technical adviser to assist the QMS manager; and (c) the hiring of a consultant to guide and shape the endeavour of QMS certification. As a result of the successful accomplishment of the quality blood delivery service operation, the NBTC was awarded the prestigious International Organization for Standardization (ISO) 9001:2008 Certification. Zimbabwe (2007) and Mauritius (2010) are the only two other African countries with ISO-certified blood transfusion services. This means that Eritrea is among the first to "be acknowledged as a centre of excellence in the discipline of blood transfusion medicine throughout the WHO Afro Region". The MoH and the NBTC do well understand that the certification is the beginning of yet another process of sustained improvement in QMS.

C. The Expanded Programme of Immunization (EPI)

215. The overall objective of the 2007-2011 workplan of the EPI programme was to ensure access to vaccination to achieve and sustain high immunization coverage of all antigens, to prevent susceptibility of vaccine preventable diseases; and to maintain polio, MNT, and measles-free status, which are almost eradicated in Eritrea.

216. The Reach Every District (RED) strategy has been adopted and successfully implemented in five regions of the country. As part of this strategy, Sustainable Outreach Services (SOS) were introduced and implemented in hard-to-reach areas and populations.

217. To improve the quality of SOS, successful nationwide campaigns and vitamin A supplementation for the age group 6-59 months have been implemented in selected 16 hard-to-reach subregions four times a year. The objective of the implementation of this strategy is to: (a) increase the number of static and outreach sites; (b strengthen SOS to reach the unreached areas and populations; (c) decrease dropout rates and missed

opportunities in health facilities; (d) promote social mobilization; (e) strengthen EPI planning and monitoring at all levels; (f) integrate other health interventions with EPI; and (g) ensure the establishment of sufficient supervisory capacity.

218. During the reporting period, health teams in all the planned subregions provided: (a) immunization to children under 2 years of age; (b) conducted TT immunization for pregnant mothers and women of child-bearing age; (c) provided antenatal and postnatal care with iron folate supplementation; and (d) conducted health education. The health promotion activities as part of the SOS plan were conducted to address the health problems of children and women. In all selected hard-to-reach subregions, small-scale curative services were conducted while TTC eye ointment, ORS, analgesics and antipyretics were provided as treatment of minor ailments. As indicated in Table 10, in 2010 more than 32% of the target population of children have been immunized in DPT3 and 38% in measles.

Table 10
Number of children less than 2 years of age, immunized with DPT 3 and measles

Region	*No. of Sub-Regions*	*No. of Admin. Kebabis*	*Target Population (<2 years)*	*DPT3*		*Measles*	
				Immunised	*Coverage*	*Immunised*	*Coverage*
GBarka	5	15	6 397	1 035	16.2%	1 404	21.9%
Anseba	5	22	4 069	1 619	39.8%	2 115	52.2%
NRS	3	10	2 087	1 190	57.0%	1 339	64.0%
SRS	3	17	2 891	1 177	40.7%	926	32.0%
Total	**16**	**64**	**15 444**	**5 021**	**32.5%**	**5 784**	**37.5%**

Source: MoH, 2010.

219. In some subregion villages, PMTCT activities have been included. Such activities encouraged the integration of the SOS strategy for the benefit of pregnant mothers and newborns regarding prevention of HIV epidemics. During the period 2 review, antenatal care (ANC), postnatal care (PNC) iron folate supplementation and health education were also routinely conducted during the SOS. The national coverage of women of child-bearing age who have received tetanus toxoid vaccine has reached 25% in 2010 (Table 11).

Table 11
Number of women of reproductive age who received tetanus toxoid vaccine during SOS

Regions	*No. of Sub-regions*	*No. of Administrative Kebabis*	*Target Population (WCBA)*	*TT2+*	*Coverage of Women Child Bearing Age (%)*
GBarka	5	15	15 993	1 689	10.6
Anseba	5	22	10 172	2 394	23.5
NRS	3	10	5 218	2 676	51.3
SRS	3	17	7 228	2 810	38.9
Total	**16**	**64**	**38 611**	**9 569**	**24.9**

Source: MoH, 2010.

220. Reliable case-based lab-supported measles surveillance exists in the country and as of 2010, reliable measles surveillance indicators have been established for more than 80% of the subregions, which confirmed a decline in confirmed measles cases to a negligible

level, and increased the trend of confirmed rubella cases, which is a sign of successful measles control activity.

Introduction of liquid formulation of pentavalent vaccine into routine immunization programme

221. The MoH, with support from GAVI, has introduced pentavalent vaccine (DPT-HepB-Hib) liquid lyophilised formulation of two dose vial vaccine in July 2008. By the end of 2010 the EPI switched from liquid lyophilised formulation to fully liquid formulation of one dose vial pentavalent vaccine in the routine immunization programme.

222. To improve the performance of the national EPI programme, EPI modular training in the introduction of the new vaccine DPT-Hep+Hib for all health workers has been successfully conducted. It is believed that the introduction of this pentavalent vaccine markedly increased the coverage and reduced vaccine preventable diseases with 0% wastage rates at service level.

Table 12
Maternal health and rates of immunization

Indicators	*2008*	*2009*	*2010*
Women giving birth who received antenatal care from a health professional once	70%	80%	90%
Percentage of births assisted by a health professional	28%	30%	34%
Children 12-23 months fully vaccinated	-	-	92.8%

Source: MoH, 2008-2010.

Table 13
Rates of immunization of pregnant women

Vaccine	*2008*	*2009*	*2010*
TT2+	29.4%	25.7%	21%

Source: MoH, 2010.
N.B.: Percentage of children protected at birth was always above 90%.

223. According to the 2010 EPHS the percentage of children aged 12-23 months who received all three BCG, DPT3 and measles vaccines was 83.0%. The percentage of children who did not receive any type of vaccination was 1.8%. The data was collected at any time before the survey (according to a vaccine card or the mother's report) and percentage with a vaccine card seen (Table 14).

Table 14
Percentage vaccinated for children aged 12-23 months by region: 2010 EPHS

Region	*BCG*	*DPT3*	*Measles*	*All*	*No. Vaccination*	*Percentage with a vaccination card*
SRS	79.2	89.7	87.0	65.6	2.5	74.6
Mackel	100.0	97.9	99.0	93.1	0.0	92.3
SRS	88.6	87.4	85.8	75.6	5.4	84.9
Anseba	95.7	94.5	93.0	83.3	0.0	90.0
Gash Barka	92.8	87.7	82.9	76.2	4.2	80.1

Region	*BCG*	*DPT3*	*Measles*	*All*	*No. Vaccination*	*Percentage with a vaccination card*
Debub	95.9	96.1	95.7	86.2	0.3	83.1
National	94.8	92.8	91.4	83.0	1.8	85.2

Source: EPHS, 2010.

224. Routine surveillance and measles outbreak response activities were joint operations of IDSR and EPI programmes. Activities to maintain polio-free and measles control status and routine joint supervisory visits were carried out biannually in all the regions with the objective of: (a) assessing the status of cold chain; (b) inspecting vaccine management at service level; (c) checking availability and usage of the reporting tools and guidelines of the programmes; and (d) giving on-the-spot feedback for health workers on identified gaps. From the regular monitoring it has been established that the overall cold chain system is properly functional and that mothers and children could be safely vaccinated in almost all health facilities.

Measles and polio supplemental immunization activities

225. Even with high routine EPI coverage, susceptible individuals can prevail due to the existence of unvaccinated children in the hard-to-reach community. In Eritrea, measles primary vaccine efficacy result was 85% at 9 months of age in 2010.

226. Supplemental immunization activities are therefore necessary to reach the unvaccinated children who have never had measles disease and to provide an opportunity for a second dose for cases of primary vaccine failure which reduces the proportion of susceptible individuals in a given population, prevents measles outbreaks in the context of high routine immunization coverage, and eliminates indigenous measles transmission.

227. The objectives of the 2009 campaign was to vaccinate at least 95% of children 9-47 months against measles; sustain the high coverage of vitamin A supplementation among children 6-59 months; screen children 6-59 months for severe and moderate state of malnutrition and refer them to the Supplementary Feeding Programme Centres, and vaccinate all children 0-59 months with OPV and sustain polio-free status and to effectively prevent any importation of Wild Polio Vaccine transmission from endemic countries.

Cold chain and logistics

228. The MoH with the support of its development partners procured 55 solar powered refrigerators and 30 DULUS solar photovoltaic refrigerators in December 2009 and distributed them to the regions. The equipment, among others, enabled the MoH to ensure availability of vaccine during the reporting period, and as a result the MoH was able to continuously improve the provision of vaccination to all eligible children and mothers and attain a high rate of coverage of immunization.

Table 15
Measles OPV Campaign Report (May 2009)

Region	*Projected Pop. for 2009*	*Age Group for Measles (9-47 Months)*	*No. Immunised*	*Coverage (%)*	*Age Group OPV (0-59 Month)*	*No. Immunised*	*Coverage (%)*	*Vaccinators*	*No. of Posts*
Anseba	565 079	56 508	43 247	76.5	84 762	56 977	67.2	288	130
Debub	889 020	88 902	75 348	84.8	133 353	110 892	83.2	447	160
GBarka	690 791	69 079	72 588	105.1	103 619	99 825	96.3	348	145

Region	Projected Pop. for 2009	Age Group for Measles (9-47 Months)	No. Immunised	Coverage (%)	Age Group OPV (0-59 Month)	No. Immunised	Coverage (%)	Vaccinators	No. of Posts
SRS	84 029	8 403	6 824	81.2	12 604	9 615	76.3	54	43
Maekel	682 061	68 206	50 596	74.2	102 309	71 650	70.0	342	116
NRS	509 309	50 931	32 460	63.7	76 396	46 406	60.7	255	120
Total	**3 420 290**	**342 030**	**281 063**	**82.2**	**513 043**	**395 365**	**77.1**	**1 734**	**714**

Source: MoH, 2010.

N.B.: Population projections are estimates that are used to calculate coverage rates as denominators.

D. Nutrition

(The GoSE refers to recommendation No. 55 of the Committee of the CSTR.)

229. The nutritional status of children has always been a challenge to the MoH and as a result it has strived to overcome this challenge by designing different strategies among which are: (a) a feeding programme at community and health facility levels; (b) a micronutrient deficiency control programme; and (c) a nutrition surveillance system for better nutrition information interventions in schools.

230. The objectives of the Nutrition Programme include: (a) to reduce child mortality resulting from all forms of malnutrition; (b) to sustain vitamin A coverage at above 90% for children 6-59 months of age; (c) to strengthen vitamin A supplementation to postpartum mothers; (d) to encourage pregnant mothers to utilize iron folate at ANC visits; (e) to sensitize IDD prevention and micronutrient supplementation at schools; and (f) to provide updated nutrition information to decision makers for their informed decision and action.

Feeding programmes

231. There are currently 57 facility-based feeding programmes running the treatment of severely malnourished children, and 164 Community-based Therapeutic Feeding Programmes (CBTFP) managing the treatment of severely malnourished children in all the regions. New procedures and new skills have been introduced to involve communities in utilizing easy and early case finding in their respective villages using Mid-Upper Arm Circumference (MUAC) screening method for referral. Moreover, all health facilities with paediatric care were providing supplementary food for the moderately malnourished children. According to the National Nutrition Sentinel Surveillance System (NNSSS) of 2010, all forms of malnutrition had declined from that of 2009 to 2010 due to scaling up of CBTFP in accordance with the global standard with a cure rate of >73% and death rate of <0.6% and defaulter rate <16%. The FBTF sites treated the severely malnourished children with significant outcomes based on sphere standards. The contribution of UNICEF, WHO, and other partners in the growth in the number of CBTF sites between 2008 and 2010 is to be commended.

232. The annual FBTF report for 2009 indicates that from the total 2,612 children under 5 admitted to paediatric hospitals and health centres, those from SRS, NRS and Anseba regions showed increase in malnutrition. While the cure and defaulter rates in all health facilities in the country have met the National Standard Sphere (NSS) with a cure rate of >75%, death rate of <10% and defaulter rate of <15%; the death and defaulter rates in Gash Barka and NRS were above the NSS. This was due to the fact that in Gash Barka there was an outbreak of diarrhoeal diseases, while in NRS it was due to the apparent low family caretaker attitude towards care-seeking behaviours.

233. In 2010 there were a total of 2,023 severely malnourished children admitted to FBTF. The recovery rate was 87%, death rate of 6.7% and defaulter rate of 6.6%. During the same year, the activities of the CBTF sites revealed that they functioned with a recovery rate 73%, death rate 1% and defaulter rate of 18%. The total number of moderately malnourished children treated in the programme was 138,142 for the period January to September 2010.

234. The MoH along with UNICEF had decided to scale up the Blanket Supplementary Food Programme in selected regions for six months of the year 2010. The coverage of the programme in all the regions was above 90%. So far according to the incomplete report from the regions 138,142 children and 15,417 pregnant and breastfeeding mothers were beneficiaries from this programme.

235. Although breastfeeding is a traditional practice of almost all mothers in Eritrea, exclusive breastfeeding was not the case in previous years. Overtime, however, the rate of exclusive breastfeeding, for children under 6 months, has increased from 52% in 2002 to 75% in 2010 (EPHS, 2010).

236. The MoH promoted exclusive breastfeeding as part of daily health education in the health facilities and during World Breastfeeding Week as well as twice a year during the National Child Health and Nutrition Week. Infant and young child feeding is part of Integrated Management of Acute Malnutrition and Integrated Management of Newborn and Childhood Illnesses.

The National Nutrition Sentinel Surveillance System (NNSSS)

237. The overall goal of the NNSSS is to develop a national sentinel health facility/community-based surveillance system in Eritrea focusing on trends in nutritional status among children under 5 to determine appropriate and immediate interventions. It is operational in selected 48 health facilities in all the six regions. It is done twice a year. According to the EPHS of 2010, the prevalence of wasting among children under 5 was – Maekel 7.1%, Debub 10.0%, Anseba 17.4%, NRS 21.0%, Gash Barka 22.5% and SRS 10.2%.

Micronutrient deficiency control

238. Currently the Child Health and Nutrition Week Strategy which is regularly taking place twice a year aims to reduce child mortality and morbidity in line with the MDGs. Activities that occur during these campaigns include the delivery of a country-specific package of public health interventions targeting children under 5 years old. These events use existing health resources and feature extensive social mobilization and awareness-raising campaigns to achieve high coverage in areas that are hard to reach or in communities generally underserved.

239. Here the vitamin A supplementation is linked up with the promotion of infant and young child feeding and with the screening of under 5 children for nutritional status and refers those below MUAC of 115 mm to the nearest health facility fo. measles and polio vaccination and prevention of trachoma (which is the main cause of blindness).

240. The Child Health and Nutrition Week was and still is conducted with the objective of sustaining high coverage of vitamin A supplementation among children 6-59 months, screening children under 5 for malnutrition and referring them to the nearest health facilities, and delivering key messages on promotion of infant and young child feeding and trachoma prevention.

241. Vitamin A coverage is 84.4%. It shows a declining trend over the years which could be due to inappropriate timing, internal migration especially in the coastal regions during

the months of October and November – the hARTest period. Such a trend has attracted the attention of high level MoH officials and has been addressed since 2010. Vitamin A supplementation linked with the testing of school based H/H iodised salt consumption in all the regions came up with the satisfactory result of 80% coverage.

E. Child and adolescent health (CAH)

242. The MoH has been expanding its child and adolescent health interventions to meet the different needs of the various age groups including newborns, infants, under-5 children, schoolchildren and adolescents. Result-oriented and cost-effective interventions are available to avert the major causes of child mortality. In Eritrea, as in many developing nations, malnutrition and prevalence of childhood infectious diseases such as diarrhoea and lower respiratory tract infections are the major causes of children's mortality and morbidity.

243. Integrated Management of Acute Malnutrition (IMNCI) is the key strategy for the delivery of integrated child health services through improvement of health workers' skills. In this respect, training was given on integrated assessment and management of common childhood illnesses like upper respiratory infections, diarrhoea, and malaria, which by and large are the most significant contributors of child mortality and morbidity. IMNCI also focuses on improving health system issues that affect care for children in health facilities and in family care practices that have the highest potential for child survival, growth and development.

244. To address the need for the improvement of the health and quality of life of adolescents, the MoH has been developing adolescents' health policy and strategic plan, which advocates that children have the right to be heard, air their opinion in communities, families and in schools. In the rapid assessment conducted towards the end of 2008, the main sources of information on needs of adolescents and on health and information services were the adolescents themselves. The MoH plans to finalize the strategy for adolescent health and information services by 2011 and adolescents from all the regions are expected to participate.

245. In this regard, through the school-based health programme, the MoH jointly with the MoE has been implementing sex and reproductive health education for middle and senior secondary school students. Life skill education is given to students regularly starting from grade 6. Knowledge attitude and behaviour practices on HIV/AIDS among schoolchildren between the ages of 10 and 18 have been conducted. Following the findings and recommendations made in the mid-term review conducted in 2009, the MoH established a maternal health unit under the Young Child Survival and Development Unit.

246. During the reporting period, Eritrea has been implementing the scaling up and consolidation of components 1 and 2 of IMNCI and the active introduction of household and community-based IMNCI into the regions. This has significantly reduced the disease burden of the major causes of morbidity in children and as a result the fatality rate of the main five diseases combined declined from 4.06% in 2006 to 2.04% in 2010 which is a 50% reduction. Additionally, U5MR has dropped to 63/1,000 LB in 2010. Similarly, the infant mortality rate showed a decline to 42/1,000 LB in 2010; and the neonatal mortality rate showed marginal change to 23/1,000 LB in 2010. To enhance the decline in neonatal mortality, the MoH has incorporated the newborn care into the generic IMNCI algorithm (which was finalized, tested and put in place by the end of 2008) for health workers and at the same time is working on using it at the community level. Furthermore the MoH translated the community-based care for mothers and newborn into local vernacular languages and piloting is to be conducted in selected zobas.

247. A National Child Survival Strategy (NCSS) document has been developed towards the end of 2008. This strategy is one of the core components of the National Health Sector Strategy (NHSS) and has the rationale of providing guidance in the implementation of National Child Health Strategy (NCHS) in accordance to the MDG 4 in Eritrea, serving as a reference framework for a better integration of Maternal and Neonatal Child Health (MNCH) related programmes, and prioritizing a minimum package of effective interventions.

Malaria in under fives

248. Malaria, with the most pathogenic species, namely, *Plasmodium falciparum* accounted for 80% and *Plasmodium vivax* accounted for 20% of malaria cases in Eritrea during the reporting period. Currently, due to the widespread use of bednets (ITNs/LLINs), child mortality due to Malaria has been rarely heard of. The MoH/MIS of 2008 shows that 80% of households in the malarious areas own at least one ITN/LLIN and 50% of the <5 children slept under ITN/LLIN the previous night. As confirmed by a recently conducted KAP survey, 90% of the population identified ITN as an important source of reduction of malaria infection. Early diagnosis and treatment has been also ensured by providing rapid diagnostic treatment and ACTs to lower-level health facilities and malaria agents.

249. Training on community-based integrated management of child illness has also been given to all health workers at lower levels and to malaria agents. Data from health facilities show that in 2008, confirmed in-patient department and outpatient department malaria cases declined by 82.9% and 85.3% respectively from the 1999 level. In 2008, malaria mortality decreased by 57% as compared to 2007, and in 2009 it decreased by 33% when compared with that of 2008. Figures for case fatality rate of children under 5 over the years 2008 to 2010 indicate a drop from 0.7 to 0.5%. This constitutes sharp decline from 1.2% in 2007. These successes are associated with the aggressive implementation of appropriate preventive and curative interventions.

F. Environmental health

250. Almost 90% of all child deaths are attributable to just six conditions: neonatal causes, pneumonia, diarrhoea, malaria, measles and HIV/AIDS. In each of these areas, the MoH, in collaboration with different partners, has achieved quite a lot. The goal is to further cut child mortality by two thirds by 2015. In short, environmental sanitation control has been one of the top priorities of the MoH.

251. With the goal to achieve universally safe and sustainable sanitation and hygiene practices a rural sanitation policy was prepared and disseminated and an advocacy workshop was conducted to all sector ministries, regions, hospitals and higher institutions. The policy and strategy guideline is aimed at facilitating environmental sanitation issues for individuals, households, institutions and communities. It is believed that these measures will reduce further the child mortality and morbidity ratios in Eritrea.

Community-Led Total Sanitation (CLTS)

252. CLTS is an innovative methodology for mobilizing communities to completely eliminate open defecation (OD), which is the source of many communicable diseases that affect particularly children. Communities are facilitated to conduct their own appraisal and analysis of open defecation (OD) and take their own action to become ODF (Open Defecation Free).

253. However, merely providing toilets does not guarantee their use, nor result in improved sanitation and hygiene. Earlier approaches to sanitation offered subsidies as an

incentive. But this often led to uneven adoption, problems with long-term sustainability, partial use, and above all it resulted in a culture of dependence on subsidies.

254. CLTS focuses on the behavioural change needed to ensure real and sustainable improvements in community mobilization and in shifting the focus from toilet construction for individual households to the creation of "open defecation-free" villages. CLTS triggers the community's desire for change, propels them into action and encourages innovation, mutual support and appropriate local solutions, thus leading to greater ownership and sustainability.

255. In rural Eritrea, increasing the coverage and quality of basic sanitation is one of the main tasks of the MoH. OD practice is a common behaviour among rural inhabitants. To control this behaviour and ensure safe environment, the programme has been taking initiatives to introduce basic sanitation facilities in selected villages of a defined population using CLTS approaches. As indicated in Table 16, 5% of the total villages were triggered and 1 in 4 has been declared ODF villages as of September 2010.

Table 16
Distribution of CLTS in Eritrea (as of September 2010)

Zoba	*No. of villages*	*Triggered villages*	*ODF declared villages*
Maekel	105	30	4
Debub	984	20	2
Anseba	425	33	14
Gash Barka	790	18	3
NRS	269	25	14
SRS	71	13	1
Total	**2 644**	**139**	**38**

Source: MoH, 2010.

256. During the reporting period, five rounds of training workshops on water quality monitoring analysis were conducted to reduce the incidence of diarrhoea and other water related diseases through the integration of environmental health services and safe water supply. On-site water testing methods (i.e. using portable water testing kits for biological, physical, and chemical analysis) was the core of the training. Each region is equipped with at least two water testing kits to monitor water quality, and all the regions are currently provided with chlorine tablets/powder to disinfect water.

257. In reference to the Committee's recommendation No. 43 of the CSTR, the MoH has been promoting strategies that support equitable access to safe water and sanitation/hygiene services, such as, for example: (a) local WASH committees exempting vulnerable families from paying for water; (b) community members pooling their resources for the construction of latrines for vulnerable families; and (c) in collaboration with the MoE, incorporating water treatment lessons in the elementary schools' curriculum of the Environmental Education Programme.

Food safety

258. Contaminated food, especially in children, is one of the causes for poor nutrition, which results in weak human immune systems, impairs long-term cognitive development and productivity. To minimize food contamination due to poor food handling and storage, all the regions have been conducting routine inspection of the quality of food and beverages in business establishments every year. Training has been conducted for food and drink

establishment owners and service providers every year, and food handlers were obliged to take medical check-up to enhance their awareness of food handling, safety and hygiene. It is expected that all these initiatives will go a long way in reducing child mortality and morbidity in the country.

Health-care waste management systems

259. A health-care waste management policy was finalized and disseminated nationwide to establish a comprehensive health-care waste management system that will ensure that all wastes generated from health-care operations are effectively handled and removed. To this end, health safety materials like soap, detergents and waste collection bins were bought and distributed to all regions, national referral hospitals and other institutions to prevent and control the transmission of communicable diseases. Hence, medical waste disposal, during the reporting period, was made to be environmentally safe and caused no damage to workers or surrounding communities.

Mobilization and sensitization in sanitation

260. Mobilization in sanitation and hygiene involved group learning, planning and action to promote the new practices in communities. Elements of mobilization such as the National Sanitation and Hygiene Week and the Global Hand Washing Day events nationally raised the profile of sanitation and hygiene in the eyes of the public, Government, civil society and other stakeholders. In 2010, the Global Hand Washing Day was celebrated nationwide for the third time. The theme was "washing hands with soap and water".

G. National HIV/AIDS and TB prevention and control

261. Although Eritrea has been successful in mobilizing resources and carrying out many activities to combat HIV/AIDS, STI and TB, these diseases still remain a major public health concern during the period under review. HIV/AIDS fatally strikes people in the most productive ages and usually affects both the infected and the family. STIs are silent epidemic diseases affecting the sexually active and productive age groups. TB affects disproportionately the poor, often ends in death or serious disability, causes severe economic loss and, therefore, exacerbates poverty. The major challenge the country faced was how to integrate the activities that are tailored for the comprehensive care and treatment of patients on one side and the prevention and control of these diseases on the other.

262. The GoSE is committed to implement multisectoral strategies that confront silence, denial, stigma and discrimination associated with HIV/AIDS/STI and TB. The policy regarding HIV/AIDS/STI programmes recognizes the involvement of ministries, civil society, and people living with HIV/AIDS, vulnerable groups, women and young people to contend with these diseases.

263. The National HIV/AIDS/STI and Tuberculosis Control Division (NATCoD) of the MoH is responsible for the planning, management, coordination and collaboration nationwide. The division ensures that all stakeholders including government sectors, NGOs, CSOs, the faith-based and/or AIDS service organizations such as BIDHO collaborate to protect the rights of the people living with HIV/AIDS (PLWHAs).

264. According to NaTCOD, the prevalence of HIV and syphilis in the 2008 round of ANC sentinel surveillance was 1.33% and 1.12% respectively. In 2009, data derived from VCT and PMTCT clients and blood donors was continually showing reduction in HIV and syphilis positivity rates. Knowledge about HIV/AIDS and condom distribution had by this

year also increased while PLWHA put on ART every year averaged 1,000. Furthermore, in 2010, the national sample survey of EPHS indicated that the national prevalence rate for HIV was 0.7%.

265. NATCOD and its partner national agencies have been providing counselling to prevent further transmission of HIV and also gave psychosocial support for those already infected and affected families. It has been carrying activities aimed at strengthening existing VCT and PMTCT sites, which totalled 135 VCT (11 free standing), and 131 PMTCT sites staffed with more than 200 counsellors. Of the total of 249 health facilities available in the country 54% were providing VCT services. The 135 VCT sites were integrated in health facilities of which 30 are in hospitals, 47 in health centres and 47 in health stations while 11 of the VCT sites are free standing VCTs which give only VCT services (Table 17). During the reporting period alone, 25 VCTs of which 24 were integrated and 1 free standing were added to the cumulative number.

Table 17
Distribution of VCT sites by region and type as of 2010

Region	*Hospital*	*Health Centre*	*Health Station*	*Free Standing*	*Total*
Maekel	11	5	15	2	33
Debub	6	10	13	3	32
Gash Barka	5	10	10	3	28
Anseba	2	9	4	1	16
NRS	4	8	1	1	14
SRS	2	5	4	1	12
Total	**30**	**47**	**47**	**11**	**135**

Source: MoH, 2010.

266. Data by age group for VCT clients is not available; nonetheless, in the first six months of the year 2010, the data by sex distribution indicated that 55.4% of the visitors were males and 44.6% females. Females that visited VCTs are mostly married or in the child bearing age. During the reporting period, a total of 228,828 clients were served in all the VCT sites in the country of which 5,327 were found to be reactive. The mean prevalence rate was 2.32% (Table 18).

Table 18
Yearly performance of VCT services between 2008 and 2010

Year	*VCT Given*	*Reactive*	*Prevalence (%)*
2008	91 032	2 324	2.55
2009	86 285	1 942	2.25
2010	51 511	1 ,061	2.06
Total	**228 828**	**5 327**	**2.32**

Source: MoH, 2010.

267. The HIV positivity rate in VCT clients, was 2.71% in females and 1.48% in males indicating a trend in the feminization of HIV/AIDS in Eritrea with clear implication on children; hence, the rationale for the MoH to pay special attention to women in all HIV prevention and control programmes and interventions (Table 19).

Table 19
VCT clients and their HIV positivity rate by sex – January-June 2010

Sex	*Tested at VCT*	*HIV Positive*	*HIV Positivity (%)*
Male	16 193 (55.4%)	240	1.48
Female	13 049 (44.6%)	353	2.71
Total	**29 342 (100%)**	**593**	**2.03**

Source: MoH, 2010.

268. NATCoD opened PMTCT testing centres for pregnant women in 2002 to enable pregnant mothers know their HIV status and assist the HIV positive ones prevent the transmission of HIV to newborn babies. By 2010, a total of 58 PMTCT testing centres were added to the already 73 existing ones (Table 20), which indicates the GoSE's efforts to fight this fatal epidemic.

Table 20
Number of PMTCT sites (2008-2010)

Year	*Newly opened PMTCT Sites*	*Cumulative PMTCT Sites*
2008	16	89
2009	4	93
2010	38	131
Total	**58**	**131**

Source: MoH, 2010.

269. PMCT sites are integrated in ANC/MCH clinics all over the country. Their regional distribution by the end of 2009 was 10 in hospitals, 49 in health centres, 29 in health stations and 5 in free-standing sites. This means that out of the total 249 health facilities available in the country 131 health facilities (52.6%) were providing PMTCT services.

Condom sales and distribution as prevention to HIV and STI

270. Condom distribution and appropriate use is one of the main methods that reduce the risk of HIV and STI infections in sexually active people. Thus it is one of the main strategies in every HIV and STI prevention programme in Eritrea. The country has always been aware of the importance of condoms and has considered it as one of the main strategies for the prevention of HIV and STI.

271. In the public health sector, condoms are distributed free of charge through VCT/PMTCT sites, family planning and STD clinics, etc. In the private sector, they are distributed by ESMG with a nominal fee through some 8,000 outlets including: hotels, bars and vendor machines.

HIV/AIDS/STI care and support

272. During the period under review, NATCOD distributed ART to PLWHA free of charge through the 17 hospitals throughout the country. By June 2010 almost 5,742 patients with advanced HIV disease were put on antiretroviral drugs, of which 2,156 were getting regular HBC services through the 337 voluntary HBC providers.

ART programme implementation

273. In 2010, there were 17 ART sites in the country. The total eligible patients declined from 1,107 in 2008 to 736 in 2010 – a decline of 36%. Of the total PLWHA that took ART during the reporting period, children constituted 8.4% (Table 21), although about 8.4% of the total number of patients who started ART during the reporting period was children under 15 years of age. These were taking their ART in Orotta paediatric hospital, the only paediatric ART site in the country.

Table 21
ART intake in children and adults by year (first six months of 2010)

Year	*Children who Received ART*	*Adults who Received ART*	***Total***
2008	57	1 050	**1 107**
2009	97	870	**967**
2010	82	654	**736**
Total	**236**	**2 574**	**2 810**

Source: MoH, 2010.

274. According to NATCoD, the sex distribution of patients on ART shows a relatively higher percentage for females (60.5%) than for males (39.5%). This finding is similar with other African countries where the majority of patients on ART are females.

275. NaTCOD provides that the current estimated number of people living with HIV is about 47,880. If we assume that the people with advanced HIV disease constitute 15% of the PLWHA the estimated number of people who need ART in the country is estimated at 7,182. Based on this calculation the coverage of ART in the country has reached above 70%. This increased coverage could be one of the reasons for the decrease in ART enrolment despite increase in sites. With revision of the ART guideline and starting ART with the currently recommended higher CD4 of between 200-350 cells/mm^3 the people who need ART may show marked increase.

Number of AIDS cases reported by age group

276. The number of AIDS cases reported by age group in the first six months of 2010 shows that 2.80% of the cases were in under 5 year old children and the remaining 97.20% prevailed mostly in adults above 5 years old. As shown in Table 22 about 5.33% of the AIDS cases reported in 2008 were in under 5 years children. On average about 4.5% of all reported AIDS cases between 2008 and 2010 were in the under-5 age group of children. The health facility-based AIDS case load in under-5 children declined to 2.8 by 2010.

Table 22
Number of AIDS cases reported by age group (2008-2010)

Year	*No. of < 5 Years AIDS Cases*	*Percent of Total*	*No. of > 5 Years AIDS Cases*	*Percent of Total*	***Total***
2008	110	5.33	1 952	94.66	**2 062**
2009	92	5.54	1 566	94.4	**1 658**
2010	29	2.80	998	97.2t	**1 027**

Source: MoH, 2010.

Table 23
Number of AIDS deaths reported by age group (2008-2010)

Year	*Under 5 years AIDS Cases Reported*	*Percent of Total*	*Above 5 Years AIDS Cases Reported*	*Percent of Total*	***Total***
2008	110	5.33	1,952	94.66	**2 062**
2009	92	5.54	1,566	94.4	**1 658**
2010	29	2.80	998	97.2t	**1 027**

Source: MoH, 2010.

277. From the total of 120 AIDS death cases reported in the first 10 months of 2010 only 3 deaths or 2.5% have occurred in children under 5 years old, while the remaining 120 or 97.5% of the AIDS death cases were in above 5 years old people. On average about 6.6-9% of all AIDS deaths reported for 2008-2010 from health facilities were in children under 5 years of age. This shows that children received a big toll of the AIDS burden in the country during the reporting period.

278. During the last five years, the number of health facility-based STI case reports indicates that it is stabilizing around 5,500 cases annually. Thus, STI cases are steadily declining from year to year. This is a good indication for behaviour change on condom use. However, as the figures are health facility-based reports there is a chance of misdiagnosis of STI. The 2003, 2005 and 2007 sentinel surveillance carried out in pregnant women shows syphilis prevalence of 1.6%, 2.4% and 1.12% respectively. Therefore, the MoH considers these prevalence figures as plausible estimates.

H. Human resources development

279. In the effort to improve the health delivery system in general and that of children in particular, the MoH has been undertaking continuous pre-service and in-service training in the sector. Together with its partners, it has been training associate nurses in the regional hospitals such as Mendefera, Ghindae and Barentu and comprehensive nurses in the college of nursing school of Asmara. The Orotta School of Medicine graduated two batches (60) of medical students in 2009 and 2010, who are now deployed in regional hospitals, and similar numbers will continue to be produced every year. The Residency Programme in Paediatrics graduated eight paediatricians in December 2009 and four end of 2010 and plans to continue producing more paediatricians each year. The surgery residence programme is also producing surgeons who are working in all the regional hospitals of the country.

280. Similarly, the Obstetrics and Gynaecology programme started in July 2009 will produce the first five home-grown specialists by July 2012. Likewise the Asmara College of Health Sciences is training nurse anaesthetists, pharmacists, laboratory technicians, public health practitioners, and other mini-specialists while the programmes at the MoH continue to provide in-service training for maternal, newborn and childcare, including Life Saving Skills (LSS) and IMNCI.

281. During the period under review, 524 nurses have graduated with diploma of which females account for 31%. This has enabled the MoH to lighten its shortage of human resources and facilitat 1 effective health-care provision at all levels including in the paediatric sections of the health facilities. During the same period, 1,509 associate nurses and 314 graduates in various specializations have graduated, of which 54% and 21% are females respectively. The efforts being made to enhance the human resources of the health sector has contributed in the reduction of the mortality and morbidity of the population in general and that of children in particular (EPHS, 2010). Moreover, it should be reiterated

that the Government is working hard to improve further the coverage and quality of the health professionals.

VII. Education, leisure and cultural activities

(The GoSE refers to pages 60-82, paragraphs 229-318, and Committee's recommendations Nos. 26 and 67 (a) of the CSTR.)

A. Expansion of the provision of education

282. In accordance with what is provided in the Constitution of Eritrea and other subsidiary laws and directives, the GoSE is providing educational opportunities to all children irrespective of their ethnicity, language, gender, religion, disability and socio-economic status. The Government, in line with its education policy and all other relevant commitments to achieving national and international targets for EFA and MD goals, is providing free education up to the tertiary level to all school-age children.

283. A revised National Educational Policy (NEP) was prepared in December 2009. The NEP was based on the principles and objectives of the Constitution of Eritrea, the Macro Policy and the Government's commitment to address global trends. The major aims of the policy pertaining to children include commitment to: (a) guide and promote the full development of the personalities of all Eritrean children to become self-confident and self-dependent citizens; (b) support all Eritrean children to enjoy a happy, healthy and secure life; (c) nurture Eritrean children with important basic values such as respect for others, solidarity, creativity, openness to new ideas, cooperation, readiness to work, goodwill, forgiveness, tolerance, honesty, etc.; (d) promote the acquisition and appropriate use of literacy, social, scientific, vocational, technological, professional and other forms of knowledge, skill and understanding to bring about desirable changes in children; and (e) assist children of all ages and under various circumstances to access appropriate education and training to fulfil their personal, social and economic needs.

284. Policy and Strategy on Inclusive Education (IE) in Eritrea was a document prepared in 2008. It dealt with increasing access to education and with improving the quality of learning experience of all learners in schools and other educational institutions involved, among others, in curricular modifications and education provision as a whole. Some of the objectives outlined in the document address: (a) provision of a range of diverse training programmes related to educational inclusiveness; (b) institutionalization of inclusive education; and (c) empowering schools to respond to inclusive learning needs.

285. The Nomadic Education Policy developed in September 2010 is significant because the education statistics reveal that Eritrean nomads are at the bottom of enrolment, classroom performance, gender balance, achievement and progression rates at the national level due to dispersed settlement and constant mobility. Moreover, children's participation in the household production system makes it difficult for some parents to allow their children to participate in formal schooling. The specific objectives of Nomadic Education Policy are to: (a) ensure equitable access to education for all children in nomadic or pastoral areas, including the disadvantaged and vulnerable groups and the out-of-school children currently attending the Complementary Elementary Education (CEE) programme; (b) ensure that education provided in nomadic areas meets approved national standards and thus reduces social inequality by enabling children of nomadic communities complete schooling; (c) improve the chances for the girl child in these communities to enrol and stay in school; (d) relate the national curricula to the nomadic and semi-nomadic patterns of life; (e) integrate emerging technologies in the provision of education in nomadic areas; and

(f) create avenues for collaborative partnerships between the various stakeholders involved in the provision of education in nomadic areas.

286. As part of its efforts to test the strategy to be followed in the provision of nomadic education as enunciated in the policy guidelines, the MoE has: (a) conducted extensive study tour to the Sudan to exchange experience with regard to the delivery of schools for nomadic communities; (b) trained about 130 new teachers at the national and 500 at region; and (c) opened about 100 new small schools in nomadic areas.

287. A concept paper on CEE for out-of-school children of ages 9-14 was the other document prepared in the last three years. This concept paper intends to institutionalize the provision of core knowledge and skills equivalent to regular elementary education for school age children who for some reasons could not enrol in the formal school system. The specific objective of this package is to provide further guidance and mainstream children who missed formal education into appropriate levels in the formal school system or into apprenticeship schemes or Technical/Vocational Education Training (TVET) depending on their ages, capacity and interests.

288. Guidance and Counselling Training Manual for Secondary School Teachers was another manual issued in January 2009 to facilitate the teaching-learning process and enhance the physical, mental, social and emotional development of the individual adolescent. Furthermore, a training manual on avoiding corporal punishment in Eritrean schools was published in February 2010. The manual states that corporal punishment violates human rights, physical integrity and human dignity. It reiterates the CRC calls on State parties to take appropriate measures to ensure the protection of children against all forms of violence, injury, abuse and neglect, and empowers schoolteachers with relevant knowledge and skills to manage and discipline their classes and the school at large without the use of physical violence or corporal punishment. Subsequently, awareness-raising seminars were held for teachers throughout the country.

Pre-school education

289. Pre-primary schooling consisting of kindergartens and Rural Community Care Centres (RCCS) for children whose ages are up to 5 years, has been provided in a comprehensive and integrated learning programme for two years. The curriculum for this level of education lays the foundation for language and concept development, social relationships and the holistic development of the child, including basic life skills.

290. The GoSE believes that investment in early childhood development (ECD) is directly related to the promotion of child rights. Hence, much attention has been devoted to the subject of Early Child Care and Education (ECCE) for young children with special emphasis on disadvantaged population groups. The implementation of the GoSE's ECD Strategy (recommendation No. 67 (c) of the Committee), has enabled the provision of free pre-primary education. In this regard, the following activities have been completed by the MoE: (a) completion of the manual on parenting enrichment, which facilitates the expansion of pre-school facilities; (b) provision of in-service training to 82 ECCE teachers selected from six regions of the country in 2010; (c) provision of training to 170 participants (teachers, community caregivers and ECCE coordinators) on handling of children with special needs; and (d) preparation of flip charts to facilitate the learning/teaching process of vulnerable children at this level.

291. In line with its commitment to the "Education for All" (EFA) goals, the MoE has been increasing access to ECCE with due consideration to equity, fairness and social justice.

292. The MoE has been preparing guidelines and manual learning materials for care providers, and organizing a number of workshops, seminars and short training courses to upgrade the professional qualifications of the teaching staff, and to exchange ideas within the ministry and with counter parts.

293. During the period under review, the MoE has been providing kindergarten services for children between the ages of 4 and 6 in cities and semi-urban areas. For the rural children of the age group 5 and 6, it provided community care-giving services, and parenting enrichment interventions have been given to parents of children in the age group 0 to 6.

294. In the Northern and Southern Red Sea regions, Early Learning and Development Standards (ELDS), including in-service training programmes for supervisors and community caregivers and making Parenting Enrichment Interventions were implemented. Moreover, a number of training workshops were undertaken for ToT and ECC stakeholders. Topics covered include: young children's physical well-being and motor development, social and emotional development, language, literacy and communication, cognitive development and moral and cultural development.

295. As indicated in Table 24 enrolment at the pre-primary level increased by almost 13% in 2009/2010 while the participation of girls increased by 12.3% during the same period.

Table 24
Pre-primary enrolment by year and gender

	2007/08			*2008/09*			*2009/10*		
Year	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*
I	9 067	8 502	17 567	9 957	9 683	19 640	10 757	10 099	20 856
II	9 375	8 889	18 264	9 067	8 856	17 925	10 224	9 426	19 650
Total	**18 442**	**17 391**	**35 831**	**19 024**	**18 539**	**37 565**	**20 981**	**19 525**	**40 506**

Source: MoE Eritrea: Basic Education Statistics 2007/08-2009/10.

296. Table 25 indicates that there is a general increase in enrolment both in urban and rural areas. The increase in enrolment in rural areas was almost 8% during 2009/2010 whereas female enrolment in rural areas showed an increase of 7.4% for the same period.

Table 25
Pre-primary enrolment: school ownership and location

	2007/08				*2008/09*				*2009/10*			
	Urban		*Rural*		*Urban*		*Rural*		*Urban*		*Rural*	
Owner Ship	*Fem.*	*Total*	*Fem.*	*Total*	*Fem.*	*Total*	*Fem.*	*Total*	*Fem.*	*Total*	*Fem.*	*Total*
Gov.	2 388	4 957	6 620	13 666	2 680	5 531	6 636	13 350	2 901	5 991	6 314	13 037
Mission	3 494	7 162	878	1 799	3 508	7 204	1 019	1 976	3 586	7 524	1 153	2 380
Private	1 312	2 711	304	606	1 617	3 288	254	500	1 319	2 763	703	1 445
Comm.	1 667	3 491	695	1 192	1 851	3 741	791	1 644	2 697	5 653	852	1 713
Awqaf	130	249	-	-	183	331	-	-	-	-	-	-
Total	**8 991**	**18 570**	**8 400**	**17 263**	**9 839**	**20 095**	**8 700**	**17 470**	**10 503**	**21 931**	**9 022**	**18 575**

Source: MoE Eritrea: Basic Education Statistics 2007/08-2009/10.

297. The number of pre-primary schools showed a marked increase between 2007/2008 and 2008/2009 as compared to previous years as indicated in Table 26.

Table 26

Pre-primary schools: ownership and location

	2007/08			*2008/09*			*2009/10*		
Ownership	*Urban*	*Rural*	*Total*	*Urban*	*Rural*	*Total*	*Urban*	*Rural*	*Total*
Gov	60	282	342	68	265	333	67	238	305
Mission	32	21	53	30	20	50	29	24	53
Private	21	5	26	25	6	31	18	9	27
Com	23	25	48	25	35	60	41	44	85
Awkaf	2	-	2	1	-	1	-	-	-
Total	**138**	**333**	**471**	**149**	**326**	**475**	**155**	**315**	**470**

Source: MoE Eritrea: Basic Education Statistics 2007/08-2009/10.

298. Table 27 reveals the Net Enrolment Ratio (NER) and Gross Enrolment Ratio (GER) at the pre- primary level (Table 27). The Table indicates a slight decrease of GER and NER in 2009/2010 as compared to 2007/2008.

Table 27

Pre-primary gross enrolment and net enrolment ratios

	GER			*NER*		
Academic Year	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*
2007/08	21.1	21.5	21.3	14.5	14.7	14.6
2008/09	19.4	19.6	19.5	8.4	8.4	8.4
2009/10	21.3	18.5	21.0	14.3	13.8	14.1

Source: MoE Eritrea: Basic Education Statistics 2007/08-2009/10.

Elementary school education

299. As provided for in the Macro-Policy of Eritrea, seven years of universal primary education will gradually be made available to all. The normal age for entering elementary school is 7. By the end of middle school, which is grade 8, all children will have reached age 14, and this is compatible with article 2(2) of CRC No. 138.

300. The elementary level comprises grades 1-5 for children 7 to 11 years of age. The mother tongue is the medium of instruction, and the main purpose of elementary school education is to give children a firm grounding in basic learning skills as defined by the national curriculum.

301. As shown in Table 28, student enrolment at the elementary school education level decreased by 9% in 2009/2010 as compared to 2007/2008. Female enrolment decreased by 8% in the same period.

Table 28
Elementary education: enrolment by grade and sex

	2007/08			2008/09			2009/10		
Grade	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*
1	33 506	27 434	60 940	35 217	29 448	64 665	37 899	31 725	69 624
2	33 583	27 972	61 555	32 128	26 187	58 315	32 105	26 682	58 787
3	34 822	28 925	63 747	30 686	25 492	56 178	28 609	23 346	51 955
4	38 066	30 558	68 624	33 393	26 873	60 266	29 108	23 705	52 813
5	33 265	25 903	59 168	33 687	27 018	60 705	29 082	23 760	52 842
Total	**173 242**	**140 792**	**314 034**	**165 111**	**135 018**	**300 129**	**156 803**	**129 218**	**286 021**

Source: MoE Eritrea: Basic Education Statistics 2007/08-2009/10.

302. The information in Tables 29 and 30 shows that the majority of elementary schools and pupils are found in rural areas and other underserved regions. This is an indicator of the Government's commitment to providing educational services to the neediest children, who are largely found in rural and remote areas.

Table 29
Elementary enrolment: school ownership and location

	2007/08				2008/09				2009/10			
Owner	*Urban*		*Rural*		*Urban*		*Rural*		*Urban*		*Rural*	
Ship	*Female*	*Total*	*Female*	*Total*	*Female*	*Total*	*Female*	*Total*	*Female*	*Total*	*Female*	*Total*
Gov	48 244	102 419	78 963	183 133	48 343	103 316	73 811	169 834	49 427	105 415	68 929	158 063
Mission	5 314	10 892	3 097	6 685	4 792	9 728	3 274	6 982	4 694	9 425	2 236	4 920
Comm	3 670	7 290	178	384	3 760	7 561	183	402	322	617	207	40?
Awqaf	1 326	3 231	-	-	855	2 306	-	-	785	2 095	-	-
Total	**58 554**	**123 832**	**82 238**	**190 202**	**57 750**	**122 911**	**77 268**	**177 218**	**57 846**	**122 635**	**71 372**	**163 386**

Source: MoE Eritrea: Basic Education Statistics 2007/08-2009/10.

Table 30
Elementary schools: ownership and location

	2007/08			2008/09			2009/10		
Ownership	*Urban*	*Rural*	*Total*	*Urban*	*Rural*	*Total*	*Urban*	*Rural*	*Total*
Government	121	579	700	138	576	714	146	584	730
Mission	22	38	60	18	39	57	21	35	56
Community	11	4	15	10	4	14	2	-	2
Awqaf	8	-	8	5	-	5	12	3	15
Total	**162**	**621**	**783**	**171**	**619**	**790**	**18.**	**622**	**803**

Source: MoE Eritrea: Basic Education Statistics 2007/08-2009/10.

303. The pupil to teacher ratio at the elementary school level was 43, 39 and 38 for the academic years 2007/2008 to 2009/2010 respectively. This shows that there was a decreasing trend in the ratio during the given period.

304. The percentage of repeaters at the elementary level has declined significantly from 15.4% in 2007/2008 to 13.2% in 2009/2010. Female repetition during the past three years was lower than that of males (Table 31).

Table 31
Elementary education percentage of repeaters by sex

	2007/08			*2008/09*			*2009/10*		
Year	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*
Repeaters (in %)	16	14.6	15.4	14.4	12.8	13.7	14.4	11.8	13.2

Source: MoE Eritrea: Basic Education Statistics 2007/08-2009/10.

Middle school education

305. Middle school is the second part of the basic education cycle in the Eritrean education system and consists of three years of schooling from grade 6 up to grade 8 for children 11 to 13 years of age. The medium of instruction at this level is English.

306. While enrolment at the middle school level showed an increase of almost 5% in 2009/2010 as compared to 2007/2008 (Table 32), female enrolment increased by 11% during the same period, and the percentage increase is higher than that for boys.

Table 32
Middle school enrolment by grade and sex

	2007/08			*2008/09*			*2009/10*		
Grade	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*
6	33 332	23 720	57 052	34 398	24 709	59 107	32 070	24 943	57 013
7	27 240	19 005	46 245	26 834	19 630	46 464	27 706	21 378	49 084
8	23 194	17 540	40 734	25 865	17 775	43 640	24 996	20 609	45 605
Total	**83 766**	**60 265**	**144 031**	**87 097**	**62 114**	**149 211**	**84 772**	**66 930**	**151 702**

Source: MoE Eritrea: Basic Education Statistics 2007/08-2009/10.

307. Table 33 shows that the number of schools at the middle school level has increased by almost 20% from 2007/2008 to 2009/2010. Similarly, the number of schools in rural and remote areas has increased by 20% in 2009/2010 as compared to 2007/2008.

Table 33
Middle schools: ownership by urban/rural distribution

	2007/08			2008/09			2009/10		
Ownership	*Urban*	*Rural*	*Total*	*Urban*	*Rural*	*Total*	*Urban*	*Rural*	*Total*
Government	55	160	215	64	183	247	74	193	267
Mission	13	6	19	12	6	18	11	6	17
Community	6	1	7	5	2	7	7	1	8
Awqaf	4	-	4	3	-	3	3	-	3
Total	**78**	**167**	**245**	**84**	**191**	**275**	**93**	**200**	**293**

Source: MoE Eritrea: Basic Education Statistics 2007/08-2009/10.

308. Table 34 shows that there was a slight decrease both in GER and NER at this level in 2009/2010 as compared to 2007/2008.

Table 34
Middle school education: GER and NER by sex

	GER			*NER*		
Year	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*
2007/08	71	62.8	67.1	51.6	48.1	49.9
2008/09	71.2	63.5	67.5	51.4	46	49.8
2009/10	69.5	62.3	66.1	51.4	47.6	49.6

Source: MoE Eritrea: Basic Education Statistics 2007/08-2009/10.

309. Table 35 indicates that the percentage of students completing elementary and middle schools has increased. This shows that during the periods 2007/2008 and 2009/2010 the percentage of female completion in both levels has improved significantly during the given period.

Table 35
Percentage of children completing elementary and middle school education

	Elementary			*Middle*		
Year	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*
2007/08	78.6	81.1	79.7	77.3	81.4	79
2008/09	78.5	83.3	80.3	78.7	85.8	81.7
2009/10	80.7	84	82.2	80.2	86.9	83.2

Source: MoE Eritrea: Basic Education Statistics 2007/08-2009/10.

Secondary school education

310. The provision of good quality secondary education plays a central role in the education and employment opportunities of Eritrean youth. It thus prepares learners for further education and/or for the world of work.

311. As indicated in Table 36, enrolment at the secondary school level showed an increment of almost 14% in 2009/2010 as compared to 2007/2008 while the increase in female enrolment was 15.3% during the same period.

Table 36

Secondary school enrolment by grade and sex

	2007/08			*2008/09*			*2009/10*		
Grade	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*
9	20 466	13 903	34 369	20 406	12 212	32 678	20 215	13 781	33 996
10	13 490	9 318	22 808	15 495	11 402	26 897	14 770	10 587	25 357
11	9 646	6 464	16 110	9 694	6 931	16 625	11 943	9 012	20 955
12	5 721	4 403	10 124	8 202	5 219	13 421	8 842	5 926	14 768
Total	**49 323**	**34 088**	**83 411**	**53 997**	**35 764**	**89 761**	**55 770**	**39 306**	**95076**

Source: MoE Eritrea: Basic Education Statistics 2007/08-2009/10.

312. Expanding secondary school education and bringing secondary schools closer to rural areas and hard-to-reach groups was pursued with so much emphasis that today a significant number of secondary schools are located in rural areas. This has enhanced enrolment in rural and remote areas in general and the educational opportunities of girls in these areas in particular.

313. Table 37 indicates that the number of secondary schools in urban and rural areas increased by 14% and 27% respectively during the period 2007/2008 to 2009/2010. Thus, the percentage increase of secondary schools was higher in rural areas than in urban areas.

Table 37

Secondary schools: ownership by location

	2007/08			*2008/09*			*2009/10*		
Ownership	*Urban*	*Rural*	*Total*	*Urban*	*Rural*	*Total*	*Urban*	*Rural*	*Total*
Government	37	26	63	38	31	69	42	33	75
Mission	5	-	5	6	-	6	6	-	6
Community	3	-	3	2	1	3	3	-	3
Awqaf	2	-	2	2	-	2	2	-	2
Total	**47**	**26**	**73**	**48**	**32**	**80**	**53**	**33**	**83**

Source: MoE Eritrea: Basic Education Statistics 2007/08-2009/10.

314. Table 38 indicates that the teacher to pupil ratio has decreased at all levels between 2007/2008 and 2009/2010. This has forced the MoE to train and recruit many additional teachers.

Table 38
Teacher to pupil ratio by level and year

Level	*2007/08*	*2008/09*	*2009/10*
Elementary	43	39	38
Middle	53	45	41
Secondary	46	40	43

Source: MoE Eritrea: Basic Education Statistics 2007/08-2009/10.

315. Table 39 shows that class size declined at all the three levels during the academic years 2007/08 to 2009/10.

Table 39
Class size by level and year

Level	*2007/08*	*2008/09*	*2009/10*
Elementary	51	45	44
Middle	60	61	56
Secondary	62	54	61

Source: MoE Eritrea: Basic Education Statistics 2007/08-2009/10.

316. In Eritrea, secondary school students from all over the country attend grade 12 in Sawa as an extension to their grade 11 class (Committee's recommendation No. 67 (f)).

Teacher population growth and teaching methodology

317. The MoE has been introducing a new form of instruction – "interactive pedagogy or learner centred teaching and learning methodology". This method allows a child to express his/her ideas, knowledge and thoughts freely among his/her peers and with his/her teachers and encourages him/her to do the same at home with family members and in the community. In addition, frequent seminars and meetings have been conducted in schools to raise the awareness of teachers and parents on this issue. This is in agreement with article 12 of the CRC and in line with recommendation No. 31 of the Committee.

318. In line with the Committee's recommendation No. 67 (c) of the CSTR, the GoSE has been allocating a huge budget to the training of teachers in both the pre-service and in-service programmes in various institutes and colleges during the academic years 2007/2008 and 2009/2010. This enabled the MoE to provide pre-service and in-service training to upgrade the qualification of existing teachers and thereby improve the quality of schooling. The achievements recorded in the training component include: (a) training of 104 diploma level teachers (9 females) from the College of Education, Eritrea Institute of Technology; (b) training of 1,914 (51% female) teachers in the ATEI at certificate level; (c) in service training for a total of 4,688 (49% female) teachers; (d) open distance learning at the diploma level for 411 (6% female) teachers, and another 1,300 (14% female) teachers attended open distance learning; (e) finalization of the Master Plan for Teacher Education and Development and preparation of the Teacher Education Strategy for Eritrea that gives more focus to females in both pre-service and in-service trainings; (f) preparation of a National Programme of Continuing Professional Development (CPD) for teachers; (g) proposing Teachers' Career Path; and (h) drawing a strategy for upgrading Pedagogic Resource Centres into Continuing Professional Development Centres for teachers.

319. The number of pre-primary schoolteachers was 1,062 and 1,143 in 2007/2008 and 2009/2010 respectively and this shows an increase of almost 8%, and the proportion of female teachers both in urban and rural areas increased by 15% and 2% respectively (Table 40).

Table 40
Pre-primary school teachers by sex and urban/rural

	Urban			*Rural*			
Year	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*	***Grand total***
2007/08	15	543	558	22	482	504	**1 062**
2008/09	17	602	619	15	483	498	**1 117**
2009/10	12	627	639	12	492	504	**1 143**

Source: MoE Eritrea: Basic Education Statistics 2007/08-2009/10.

320. Similarly the number of elementary schoolteachers was 7,328 and 7,535 in 2007/2008 and 2009/10 respectively – an increase of 3% (see Table 41).

Table 41
Elementary school teachers by sex and urban/rural

	Urban			*Rural*			
Year	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*	***Grand total***
2007/08	1 171	1 781	2 952	2 912	1 464	4 376	**7 328**
2008/09	1 328	1 744	3 072	3 330	1 400	4 730	**7 802**
2009/10	1 394	1 835	3 229	3 062	1 244	4 306	**7 535**

Source: MoE Eritrea: Basic Education Statistics 2007/08-2009/10.

321. Table 42 indicates that the total number of middle school teachers increased by 35% in 2009/2010 while female teachers comprised 13% of the total during the same period. In the rural areas, the number of female teachers increased by 158% between 2007/2008 and 2009/2010.

Table 42
Middle school teachers by sex and urban/rural

	Urban			*Rural*			
Year	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*	***Grand total***
2007/08	1 330	198	1 528	1 132	58	1 190	**2 718**
2008/09	1 463	256	1 719	1 558	75	1 633	**3 352**
2009/10	1 613	348	1 961	1 582	137	1 719	**3 680**

Source: MoE Eritrea: Basic Education Statistics 2007/08-2009/10.

322. Table 43 shows that the number of secondary school teachers increased from 1,508 to 2,472 between the academic years 2007/2008 and 2009/2010, which is a 64% increase. The number of teachers in rural areas in particular increased from 317 to 821, which is an increase of 159%, while that of female teachers in rural areas showed an increase of 56%.

Table 43
Secondary school teachers by sex and year

	Urban			*Rural*			
Year	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*	***Grand total***
2007/08	1 019	172	1 191	301	16	317	**1 508**
2008/09	1 301	242	1 543	725	25	750	**2 293**
2009/10	1 385	266	1 651	773	48	821	**2 472**

Source: MoE Eritrea: Basic Education Statistics 2007/08-2009/10.

Flow rates of promotion, repetition and dropout

323. Flow rates (promotion, repetition and dropout) are the best indicators of the internal efficiency of a school system. As indicated in Table 44, the repetition rate decreased at the elementary, middle and secondary school levels by 2.7%, 3.8% and 2.7% respectively from 2007/2008 to 2009/2010. Similarly, during the same period, the female repetition rate decreased by 3.1% at the elementary school level, by 4.3% at the middle school level and by 2.6% at the secondary school level. The trend of improvement in the promotion rate is also significant at all levels. However, the issues of repetition and dropout still remain among the main challenges in the education system.

Table 44
Flow rates by school level and sex

		Drop outs (%)			*Repetition (%)*			*Promotion (%)*		
Year	*Levels*	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*
2007/08	Elementary	6.0	4.8	5.5	15.4	14.1	14.8	78.6	81.1	79.7
	Middle	6.7	5.3	6.3	16	13.3	14.9	77.3	81.4	79.0
	Secondary	8.1	9.3	8.6	16.7	11.2	14.5	75.2	79.5	76.9
2008/09	Elementary	8.7	6.5	7.7	12.8	11.2	12.1	78.5	82.2	80.2
	Middle	9.7	5.5	7.9	11.6	8.6	10.4	78.7	85.8	81.7
	Secondary	12.4	8.6	10.8	9.1	5.4	7.6	78.5	86.0	81.5
2009/10	Elementary	6.3	5.0	5.7	13	11.0	12.1	80.7	84.0	82.2
	Middle	7.1	4.1	5.7	12.7	9.0	11.1	80.7	86.9	83.2
	Secondary	9.3	7.8	8.6	14	8.6	11.8	76.7	83.6	79.6

Source: MoE Eritrea: Basic Education Statistics 2007/08-2009/10.

B. Special needs or inclusive education

(The GoSE refers to the Committee's recommendation No. 52 (c) and (d) of the CSTR.)

324. To facilitate the programme for children with learning difficulties, the activities performed by the MoE during the period under review include the following: (a) 25 child-friendly pilot schools equipped with first-aid kits have been established and have become functional; (b) focal health teachers have been assigned to check the general health conditions and give health education to all students and to disabled children in particular in these schools; (c) pedagogical resource rooms, where additional support is given to children with learning difficulties and where effective and individual learning processes are ensured

were established; (d) instruments were supplied to schools for checking students' eyes and ears, and toothpaste and brushes were supplied; and (e) educational materials such as exercise books, pens, and pencils, etc., were provided by the MoLHW to children with disabilities in the pilot schools.

325. Several training courses and workshops were conducted to promote the education of children with special needs: These include: (a) training on inclusive education for teachers, supervisors, directors and regional education office workers; (b) workshop for staff of the MoH and MoLHW on policy ratification on inclusive education, barriers to access, participation and learning, collaborative teaching (peer teaching), parents' involvement, and education planning; (c) training to teachers by the MoH on autistic children and children with Down's syndrome; and (d) curriculum adaptation for blind and deaf children and their teachers.

326. In general, the MoE has been making efforts to promote education for children with special needs. Currently, there are three special elementary schools – one for the vision impaired and two schools for the hearing impaired. The school for the vision impaired is located in Asmara, whereas the two schools for the hearing impaired are located in Asmara and Keren. Table 45 below shows the number of pupils attending special schools.

Table 45
Number of pupils attending special schools

	Abraha Bahta School for the Vision Impaired (1-5)			*Evangelical School for the Deaf (1-5)*		
Year	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*
2007/08	49	20	69	124	88	212
2008/09	49	17	66	126	110	236
2009/10	42	12	54	112	63	175

Source: MoE Eritrea: Basic Education Statistics 2007/08-2009/10.

327. Table 46 indicates that enrolment of CWD enrolled in schools during the three years under consideration. For example, in 2009/2010 the number of CWD enrolled by type of disability were 7,873 (41.4% females) vision impaired; 3,941 (39.5% females) hearing impaired; 768 (37.8% females) mentally impaired; and 1,454 (34.5% females) physically impaired.

Table 46
CWD in regular schools by type of impairment and sex

	Vision Impaired			*Hearing Impaired*			*Mentally Handicapped*			*Physically Impaired*		
Year	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*
2007/08	2 769	1 529	4 298	3 817	2 463	6 280	607	245	852	1 104	476	1 580
2008/09	5 034	3 513	8 547	2 566	1 604	4 170	513	250	763	1 191	552	1 743
2009/10	4 616	3 257	7 873	2 383	1 558	3 941	478	290	768	952	502	1 454

Source: MoE Eritrea: Basic Education Statistics 2007/08-2009/10.

328. In 2009/2010, there were 14,036 students with disabilities of which 44% were enrolled in elementary, 31% in middle and 25% in senior secondary schools. Regionwise, the distribution of educational opportunities for CWD shows that region Maekel with 39% has the largest number of CWD students followed by Debub (Table 47).

329. Over the past three years, many students with disabilities or learning difficulties have been able to enter "regular" schools. For example, many of the pupils who had completed their education at the special elementary schools and those with learning difficulties have been mainstreamed into the regular middle schools. Similarly, efforts are being made to increase access for children in nomadic circumstances, girls in remote neighbourhoods, orphans, street and/or working children, etc.

Table 47
CWD by level and region 2009/10

Region (Region)	*Elementary (1-5)*	*Middle (6-8)*	*Secondary (9-12)*	*Total*
Anseba	741	554	641	1 936
Debub	1 711	1 262	978	3 951
NRS	58	74	59	191
GBarka	1 027	532	385	1 944
Maekel	2 237	1 741	1 432	5 410
SRS	404	156	44	604
Total	**6 178**	**4 319**	**3 539**	**14 036**

Source: MoE Eritrea: Basic Education Statistics 2007/08-2009/10.

330. Nevertheless a large proportion of school going age children including those with disabilities still remain excluded from school. Moreover, those pursuing regular education face challenges due to lack of appropriate educational support.

331. The MoE has endorsed IE policy orientations and strategies to establish child-friendly schools that accommodate children's participation and learning as well as enhances the awareness of students, teachers, parents and the local communities to care for and support the education of children facing exclusion. Furthermore, in the efforts to consolidate IE, the following activities were accomplished during the past three years: (a) policy and strategy on IE have been prepared; (b) curriculum modification is under way to accommodate the special educational needs of children with learning difficulties; (c) pilot Special Needs Education (SNE) classes were conducted in some regions involving nine primary schools, three special schools and one middle school as well as higher education institutions, ministries and disabled people's organizations, with demonstrations of learner-centred teaching and learning methods; (d) a guideline on SNE/IE was developed and about 400 copies disseminated to regions; etc.; and (e) teachers in the six regions were provided with an orientation course on IE to suit the needs of children with disabilities, and to establish region-inclusive education support groups. All these approaches and initiatives are expected to minimize exclusion

C. Adult and continuing education

(The GoSE refers to the Committee's recommendation No. 67 (d) of the CSTR.)

332. In line with recommendation No. 67 (d) of the Committee, the Government is working hard to ensure access to adaptable non-formal education of high quality to vulnerable groups, including street children, orphans, refugees and displaced children. More specifically: (a) the review of the curriculum on literacy and post literacy has been completed; (b) a new curriculum for out-of-school children is ready and the material is on pilot test; (c) the preparation of a comprehensive policy and a clear strategy for literacy and out-of-school children is going on; (d) a Learning Needs Assessment Survey on Literacy

and Continuing Education has been conducted; (e) a guideline for Evening Schools has been prepared, and evening classes are in progress in major towns; (f) a National Literacy Survey was conducted in 2008 and has showed an adult literacy rate of 64.6% (57% females); and (g) on the basis of the efforts made in the provision of non-formal education in the mother tongue during the last 10 years, a literacy impact assessment has already been conducted. This has been helpful in the provision of information on the strengths, weaknesses and achievements of the literacy programme.

333. The literacy programme targets adults and out-of-school youths. As part of the continuing education programme, a guideline for evening schools was developed in November 2010. These schools have been started as a pilot project in urban areas and are expected to expand to semi-urban and village areas.

334. Table 48 shows that during 2007/2008-2009/2010 a total of 142,187 adults and out-of-school children, out of which 90.2% were females, participated in the literacy programme. About 77% of the total participants and about the same percentage of the female participants completed the programme. The table also shows that a significant number of the participants were under age 15 of which about 78% were females. The participation of adults, especially mothers, in the literacy programme is believed to have had a great impact on their children's schooling.

Table 48

Literacy participants: by age, sex and year

	Under 15		*15-19*		*20 & Above*		*Completed*	
Year	*Female*	*Total*	*Female*	*Total*	*Female*	*Total*	*Female*	*Total*
2007/08	2 589	3 548	6 532	7 309	39 790	44 311	37 806	42 066
2008/09	1 918	2 425	5 681	6 632	35 150	38 043	33 087	35 837
2009/10	2 256	2 711	4 440	4 705	29 943	32 773	28 736	31 397
Total	**6 763**	**8 684**	**16 653**	**18 376**	**104 883**	**115 127**	**99 629**	**109 300**

Source: Department of Adult and Media Education 2007/08-2009/10.

335. In the past three academic years, the continuing education programme was solely conducted in the Southern Red Sea, Anseba, Gash-Barka and Northern Red Sea regions because most of the children who had missed the opportunity of schooling were found in these regions. Table 49 shows that a total of 15,982 out-of-school children have been participating in this programme out of which 48% were female. Similarly, a total of 787 (23% female) teachers took part in this programme which was conducted in 165 centres in the last three years.

Table 49

Education for out-of-school children – enrolment, teachers and centres

	Enrolment			*Teachers*			
Year	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*	*Centres*
2007/08	2 520	2 267	4 787	175	57	232	49
2008/09	2 408	2 423	4 831	194	62	256	54
2009/10	3 471	2 893	6 364	238	61	299	62

Source: Department of Adult and Media Education 2007/08-2009/10.

D. Vocational and technical education (TVET)

336. The Government has been investing huge sums of money on short and long-term TVET programmes to produce a properly qualified labour force (Committee's recommendation No. 67 (g)). Accordingly, the TVET subsector has accomplished the following tasks to strengthen the skills of the youth including adolescents who are out-of-school: (a) finalized a plan to construct three new skill development centres; (b) provided training in various skills such as building construction, agriculture, and commerce and business management for thousands of youngsters each year at the Centre for Vocational Training; (c) trained 118 TVET teachers in diploma courses in fields such as electrical, mechanical and civil engineering at the Eritrea Institute of Technology (EIT); (d) installed new machines in existing technical schools; and (e) established additional departments including surveying, drafting and plumbing in the technical schools of Dombosco, Mai Habar, and Wina.

337. At present six formal technical schools namely the Asmara Commercial School (ACS), and the Asmara (ATS), Dombosco (DTS), Mai Habar (MHTS), Hagaz (HTS) and Wina (WTS) Technical Schools provide intermediate training for two years to students who have completed grade 10. This type of training increases the frequencies of graduates. The information in Table 50 shows a decline in enrolment during the year 2009/2010 because some of the technical schools were then providing training to many more students at the certificate level.

Table 50
Technical and vocational enrolment by sex and year

	2007/08			*2008/09*			*2009/10*		
Schools	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*
ACS	168	170	338	127	201	328	114	170	284
ATS	339	280	619	293	273	566	126	88	214
DTS	293	135	428	206	199	405	117	86	203
MTS	329	147	476	264	132	396	162	86	248
HTS	224	101	325	188	106	294	84	106	190
WTS	239	71	310	196	61	257	123	59	182
Total	**1 592**	**904**	**2 496**	**1 274**	**972**	**2 246**	**726**	**595**	**1 321**

Source: Department of Technical and Vocational Education and Training.

338. Table 51 shows that a total of 697 (43%) 1,292 (75%) and 1,304 (45%) female students enrolled at certificate level in the academic years 2007/2008, 2008/2009, and 2009/2010 respectively.

Table 51
Certificate level enrolment at technical and vocational schools by sex and year

	2007/08		2008/09		2009/10		Total	
Schools	*Female*	*Total*	*Female*	*Total*	*Female*	*Total*	*Female*	*Total*
Hagaz	35	67	107	296	104	188	246	551
ACC	-	-	203	335	170	284	373	619
Asmara	88	172	273	578	86	210	447	960
Don Bosco	42	83	202	404	89	199	333	686
Mai-Habar	42	133	132	396	84	243	258	772
Wina	34	83	57	200	58	180	149	463
Massawa	61	159	-	-	-	-	61	159

Source: MoE Department of Technical and Vocational Education and Training.

339. The size of enrolment, during the three years under review, at all the institutions for technical and vocational training was 2,777 trainees (51% females), 2,354 (52% females), 2,708 (41% females) in 2007/2008, 2008/2009, and 2009/2010 respectively (Table 52). The MoE intends to increase the number of trainees to 5,000 in the coming years. Similarly, the Eritrean Institute of Technology has started providing vocational training at the college diploma level.

Table 52
Enrolment at the national centers for vocational training by sex and year

Year	*Male*	*Female*	***Total***
2007/08	1 372	1 405	**2 777**
2008/09	1 125	1 229	**2 354**
2009/10	1 609	1 099	**2 708**

Source: MoE Department of Technical and Vocational Education and Training.

340. Many school-age children are also acquiring skills informally in the many private enterprises in the informal economic sector. These boys and girls often spend half a day in school and the other half at local workshops learning skills and earning small incomes.

E. Girls' education

341. The GoSE believes that, educating women and girls makes a major impact on the family, the community and the nation. Thus, the participation, retention, and achievement of girls as well as women have been taken as priorities in education in line with the Convention for the Elimination of All Forms of Discrimination against Women (CEDAW). This is expected to contribute significantly to the achievement of the MDG and EFA Goals on girls' education and to the empowerment of women in the long run. Some of the interventions made by the MoE during the last three years on girls' education include, among others: (a) additional lessons in English and mathematics were provided to female students in some schools; (b) material incentives such as donkeys, household utensils and cash were provided to female students in rural and remote areas to encourage them to learn and to reduce the burden of their household chores; (c) female students who travelled long distances to school were provided with bicycles; (d) in rural areas, new middle and

secondary schools were constructed as near as possible to villages, with the additional aim of retaining female students; (e) frequent sensitization meetings were conducted among parents on sending their girl children to school in villages and remote, rural areas; and (f) financial awards were given every year at the national level to role model female teachers.

342. As indicated in Table 53, female enrolment declines as one goes up the education ladder from pre-primary to secondary levels. Nonetheless, there has been a noticeable increase in the participation of girls in school.

F. Curriculum reform, material development and dissemination

343. During the period under review, the Eritrean general education curriculum and pedagogy have been undergoing a major reform intended to make them more responsive to the country's human resources needs. In this respect: (a) a National Curriculum Framework that provides a road-map for curriculum and pedagogic reform is now in place; (b) textbooks and teachers' guides for most subjects for all grades of elementary and middle schools as well as for some enrichment subjects in secondary schools have been developed and some are actually being used; (c) resource materials for kindergarten and syllabus guides for different core subjects of secondary education have been prepared and disseminated; (d) a variety of teaching aid materials have been prepared and disseminated to all schools in the last three years; and (e) teachers have been familiarized with the content and teaching methodology of the new textbooks during the past six years.

Table 53
Percentage of enrolment of female students by level

		Enrolment		
Level	*Year*	*Female*	*Total*	*Percentage Female Enrolment*
Pre-primary	2007/08	17 391	35 839	49.0
	2008/09	18 539	37 565	49.4
	2009/10	19 525	40 506	48.2
Elementary	2007/08	140 792	314 034	44.8
	2008/09	135 018	300 129	45.0
	2009/10	129 218	286 021	45.2
Middle	2007/08	60 265	144 031	41.8
	2008/09	62 114	181 131	34.3
	2009/10	66 930	151 702	44.1
Secondary	2007/08	34 088	83 411	40.9
	2008/09	35 784	89 761	39.9
	2009/10	39 306	95 076	41.3

Source: MoE Eritrea: Basic Education Statistics 2007/08-2009/10.

344. During the process of writing and translation of the materials, 80 to 100 experienced teachers from elementary, junior and secondary schools were mobilized each year to assist the curriculum panels in the writing, translation, and illustration of the textbooks. In the past three years, the main activities that were accomplished included the printing and reprinting of textbooks and teachers' guide and production of audio cassettes.

Printing and reprinting of textbooks and teachers' guides and production of audio cassettes

345. Before 1996 there was a critical shortage of textbooks in schools of all levels, but now the provision of textbooks to students for the different subjects at all levels has virtually reached a 1:1 ratio.

346. New syllabus guides for different subjects in secondary education, textbooks and teacher's guides for all grades in elementary and middle schools, workbooks of languages and maths for grade 1, English workbooks for grade 2, English language cassettes for grades 1, 2, 3, 4, 5 6 and 7 have been printed and distributed to schools.

347. After being piloted for three years, the new textbooks for grades 3 and 4 have been reviewed before undergoing large-scale printing. Grade 5 textbooks and teacher's guides were introduced in schools for trial in the academic year 2008/2009 and feedback is being gathered to improve them before they go to the press.

348. Great attention has been paid to the development of reading skills. The long-term plan is to develop and introduce graded supplementary reading materials in the different Eritrean languages as well as in English for the different grades. In 2008, a total of 72 trial edition textbooks and teacher's guides of Maths, Science, Mother Tongue, and English for grade 5 were printed and tried-out. In 2009, all textbooks and teacher's guides for grades 1-2 were reprinted, and grades 3 and 4 textbooks and teacher's guides for all subjects were printed in full scale. In addition, English language cassettes for grades 3-4 were produced.

G. Promotion of life skills/HIV/AIDS education

349. The Ministry of Education, through its "Education Sector HIV/AIDS Policy and a 5–Year Strategic Plan of Action for School-Based HIV/AIDS Life Skills Education" intends to make interventions involving learners and teachers in the fight against HIV/AIDS to enable students to make informed and knowledgeable decisions in relation to sexual behaviour.

350. The MoE believes that these measures will enable teachers and students to become behavioural change agents in school and community settings. The training-of-trainers (ToT) approach that has been followed is expected to have a multiplier effect in terms of the number of educators trained in a short space of time with minimal financial and technical resources.

351. Some of the activities carried out to advance Life Skills/HIV/AIDS Education include the following: (a) 35 life skills education trainers from all regions took a one week refresher course in August, 2008; (b) a survey of learners' Knowledge, Attitude, Behaviour and Practice (KABP) about HIV/AIDS and Life Skills was conducted in 2008; and (c) in 2009, a training of trainers' workshop was given to 50 potential Life Skills learning materials developers and trainers.

H. Consolidation of the school support system

(The GoSE refers to the Committee's recommendation No. 19 of the CSTR.)

352. To raise the quality in education of the formal school system, the MoE during the reporting period, has been working hard to equip schools with the necessary facilities and equipment including science laboratories, libraries, sports and arts education equipment

and pedagogical resource centres, Information Communication Technology (ICT) resources, etc.

353. The MoE allocated a budget in the Education Sector Development Programme (ESDP) for the procurement of school materials and equipment. For 2010/2011 alone a total of Nfa 31.3 million was allocated. ICT laboratories have been installed in 65 secondary schools and 50 junior secondary schools. A total of 5,300 computers have been distributed to these schools, among which 21 remote rural schools have become beneficiaries of solar powered computers. This programme will assist schools to facilitate their teaching-learning processes, assist in data collection and analysis, which in turn are helpful for the provision of quality education.

354. Consistent with the Committee's recommendation No. 19, the MoE has in the last three years provided training in advanced database, statistical package for social sciences (SPSS), school record management, database entry analyses and reporting and Geographical Information System (GIS).

I. Sports, culture and health-related activities

355. Every year, many students participate in competitions involving various games conducted among schools. These games strengthen students' physical and mental fitness. In addition, students have been participating in cultural activities organized by schools. Clubs that have been established in schools, such as debating, general knowledge, painting, arts and handicrafts, drama and music all assist students' potential to discover, invent and innovate new things.

356. Health focal persons assigned in schools have been checking students' health conditions. Students with mild health problems are treated at the school level and others are referred to nearby clinics and hospitals.

357. The Government is working hard to facilitate the child's access to a variety of educational and recreational opportunities by building an educational and recreational centre for children in Asmara. The centre is expected to help children's physical, mental and psychological development as well as to assist them in interacting with other children of different backgrounds and capabilities. In more specific terms, the centre will help to: (a) develop children's ability to learn through exploration, discovery and the power of their imaginations; (b) promote local and global history with focus on national and global issues; (c) build children's competence on information technology and encourage their artistic skills; (d) empower young learners with reproductive counselling to avoid health risks, organize recreational activities and promote a series of games; and finally (e) prepare them to become responsible citizens that contribute in solving challenges at the community level and in the larger world. The MoLHW assumes the overall responsibility of the centre with the close cooperation of the MoE and the Administration of Zoba Maekel. UNICEF provided funds for the purchase of equipment.

VIII. Special protection measures (arts. 22, 30, 38, 40)

A. Refugees and internally displaced children

(The GoSE refers to pages 82-93, paragraphs 319-364, and recommendation Nos. 69 and 71 (d) of the CSTR.)

358. While taking the primary responsibility itself, the GoSE has been fully cooperating with competent humanitarian bodies such as UNDP, UNICEF, WHO, UNFPA, several

humanitarian organizations and the affected and host communities to secure all rounded protections of internally displaced persons including their children. Unaccompanied and orphaned children have been accorded special treatment and care. Tracing of missing children and reunification of unaccompanied children with parents and relatives have been some of the special efforts undertaken, in addition to provisions of basic necessities. The GoSE demonstrated its true commitment and efficient management of the hundreds of thousands of victims of conflict during the recent border war with Ethiopia, including deportees, internally displaced persons, and returnee refugees. Basic social amenities such as shelter, food, water and sanitation, educational and health were provided, and psychosocial services made available. Victims were provided with decent transport support when they returned to their original habitats. Those victims, whose villages are still occupied by Ethiopia, in spite of the binding decision taken by the Permanent Court of Arbitration in April 2002, were made to settle in nearby areas. These daunting tasks were implemented despite many odds and obstacles.

359. During the reporting period there was no new displacement. Nonetheless, the GoSE continued programmes of rehabilitation of the victims of conflict. It built new schools and reconstructed damaged ones, provided teachers, staffed health facilities with required personnel, improved water facilities and most of all improved their food security situation. In all these efforts, agencies like UNDP, UNICEF and WHO complemented the Government's efforts in their respective mandates.

360. Eritrea fully respects the principles enunciated in the 1951 Convention on the Status of Refugees, the African Union Charter, and other related international and human rights laws and instruments. The Office for Refugee Affairs (ORA) within the Department of Immigration and Nationality is the Governmental Office responsible for refugee matter. ORA is also responsible for a wide range of camp administrative matters including management, delivery of assistance, health care, water, and sanitation, and camp maintenance. UNHCR also cooperates with ORA on the issue of refugees to complement the Government's efforts in providing modest funding and in the joint monitoring of the livelihood of the refugees.

361. As indicated in Table 54 below, there were 4,000 Somali and Sudanese refugees in 2010 of which some 30% were children and around 48% females. The GoSE, in collaboration with the UNHCR, has been meeting their basic needs by providing them with monthly food rations, water, clinics and schools. There is electricity supply in their semi-permanent shelter, and for cooking. Monitoring and assessment missions regularly collect and analyse field data to ensure that nutritional requirements are met.

Table 54

Demographic data of refugees in Eritrea by age group (2010)

Age group	*Male*	*Female*	*Total*
0-4	539	578	1 117
5-11	447	424	871
12-17	253	212	465
18-59	825	662	1 487
60+	34	26	60
Total	**2 098**	**1 902**	**4 000**

Source: MoLHW, 2010.

362. With regard to the Committee's recommendation No. 69 (a), the GoSE has accepted and will ratify the CRC provisions related to the status of refugees. The Ministry of Foreign Affairs (MoFA) is finalizing all the necessary documents to this effect.

B. Children in armed conflict

(The GoSE refers to pages 85, paragraphs 331-333, of the CSTR and to the Committee's recommendation No. 71 (a), (d).)

363. Proclamation No. 51/1994 provides that every citizen has the duty to defend the country and to complete one's duty in national services. Those who are duty bound to complete national service are citizens between 18 and 40 years of age and this is strictly adhered to. Any person below the age of 18 years is not required or recruited to serve in the army. Therefore, there is no practice as under-age child recruitment in the Eritrean Defence Force.

364. According to what is stipulated in Proclamation No. 82/1995, full time students and those who are certified medically unfit are exempted. The protection of minors against military service is a norm and a political culture that the GoSE nurtured and guaranteed ever since the liberation struggle. During the years under review, there were and there still are effective legal and practical measures put in place to prevent under age recruitment.

365. Concerning recommendation of the Committee No. 71 (c) regarding the ratification of the Rome Statute of the International Criminal Court, the State party is of the position that the TPCE incorporates a number of offences (art. 281 – Genocide and Crimes Against Humanity; art. 282 – War Crimes Against Civilian Population; art. 283 – War Crimes Against Wounded, Sick or Shipwrecked; and art. 284 – War Crimes Against Prisoners and Interned Persons) that fall within the jurisdiction of the International Criminal Court. However, the State party is of the position that the Statute raises various unanswered questions concerning content, scope and practical implementation, especially as it applies to Africa. Until these questions are adequately answered the GoSE will not consider its ratification. Here, mention should be made that Eritrea is within its rights to reconsider matters closely since it has not ratified the same and is therefore, not bound by the Statute.

C. Landmine victims

366. The mine action measures, taken during the reporting period, included awareness-raising in the communities especially amongst children who would easily risk going into the danger areas or venturing to play with deadly substances. The Mine Risk Education (MRE) programme involved disseminating mine risk education through mass-media. It was a coordinated programme involving the National Mine Action Agency, the Eritrean Demining Authority and the MoLHW, and was complemented by modest funding from UNICEF and UNDP. At the grassroot level, the MoE implemented school-based interventions while community-based MRE campaign was conducted by community volunteers and staff of the NUEW, NUEYS and the Red Cross Society of Eritrea.

367. The ultimate objective of the MRE was to alleviate the risk-taking behaviour by creating awareness mobilization programme and continuously educating safety procedures in the mine-affected communities, and also to taking good care of the landmine victims. The goal was to avoid and reduce injury or death caused by mines and explosives.

368. By 2008, the community-based MRE had reached 960,000 people of whom 70% were children. The war traumatized children from former IDPs and resettled communities are believed to have reduced the state of risk as a result of MRE interventions involving

drama and games. Furthermore, the MoE trained more than 2,000 teachers in MRE activities; while the MoLHW supported landmine victims' families to help their children attend schooling through the provision of orthopaedic appliances and income-generating assistances.

D. Street children

369. The MoLHW, in cooperation with partners (including the MoE, MoH, NUEYS and private establishments) has been providing preventive and rehabilitation measures to street children to enable them to be self-supporting and productive during the period under review. The problems of street children are addressed mainly by the community-based approach, which has five major components, namely: educational support, public sensitization exercise, guidance and counselling service, vocational training, and income-generating activities.

370. In 2010, alone, some 5,052 school-age children (48% girls) were given educational support for the purchase of uniforms and school materials (Table 55). This has contributed to the reduction of dropout rate, improvement in the academic performance and enhanced self-esteem of the supported students.

Table 55
Number of street children given educational materials support

	2008			*2009*			*2010*		
Age in years	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*
5-9	540	475	1 015	497	487	1 284	565	554	1 119
10-14	1 123	1 089	2 212	774	756	1 530	1 214	1 107	2 321
15-17	563	353	916	757	758	1 515	835	777	1 612
Total	**2 226**	**1 917**	**4 143**	**2 028**	**2 001**	**4 329**	**2 614**	**2 438**	**5 052**

Source: MoLHW, 2010.

371. Sensitization and awareness creation exercises were carried out for communities on the problems of street children and the harmful consequences of anti-social behaviour, as well as on the prevention thereof and rehabilitation of street children. To this end, sensitization programmes were undertaken using media such as skits, drama and songs as well as seminars and workshops. These exercises were made possible with the participation and committed support of CBRVs, social workers of the MoLHW, community leaders and local administrators.

372. Guidance and counselling services were provided to improve the well-being of street children. The services included individual counselling meant to improve the personal and social functioning of the child, and group counselling aimed at discussing, solving and synthesizing common problems of street children. This was accomplished by forming peer groups based on age, type of problem, and interests and work habits. Subsequent evaluations made suggest that most of the trainees were able to be employed gainfully.

373. The MoLHW's reunification programme primarily focused on the placement of street children with their parents or blood relatives and on strengthening the economic resources of the disadvantaged host families through income-generation schemes. Reunification is usually carried out after conducting a thorough study by social workers and community leaders.

374. Between 2008 and 2010, about 13,524 street children, who had been unable to go to school for economic reasons, were given reference books, stationery, school uniforms and other educational materials. Additionally, 820 families of street children were supported with income-generating assets to enable their children to pursue their education and discourage them from drifting back to the street.

375. Vocational training was also given to 1,502 street children between the ages of 15-17 and the training enabled the children to acquire employable skills. The training areas were in auto mechanics, wood, metal, leather and electrical works. Of the total trainees, 1,198 (80%) also were given the opportunity to enhance their skills by on-the-job training with public and private employers. The programme has had a significant impact on street children because it created job opportunities and better living conditions for their families. Between 2008 and 2010, the NUEYS in close coordination with the MoLHW gave vocational training to about 2,376 street children.

E. Economic exploitation including child labour

(The GoSE refers to paragraphs 341-354 and the Committee's recommendation No. 26 of the CSTR.)

376. International Labour Organization (ILO) Convention on the Minimum Age for Work was acceded by the Government in 1999. Since then, the Government has always wanted the national laws to conform to the principles set in the CRC. In this regard, the GoSE confirms that the worst form of child labour as stipulated in the CRC is being considered for ratification. In an effort to develop and implement a comprehensive assessment study and a plan of action to prevent harmful child labour practices, the MoLHW in collaboration with the MoJ has drawn a thin line between child socialization and child labour exploitation – child socialization entailing allowing children as young as 13 or14 to be engaged in some kind of work, like farm work and going after livestock, to supplement household earnings.

377. According to article 69(1) of the Labour Proclamation No. 118/2001, the minimum age for admission to employment is 14 years. Besides, article 9(2) of the Labour Proclamation No. 118/2001 provides that if found to be prejudicial to the interest of a person, no contract shall be enforceable against a person below the age of 18. Article 3, paragraph 1, of the CRC, however, stresses that the minimum age for admission to any type of employment or work, which is likely to jeopardize the health, safety or moral statute of young persons, shall not be less than 18 years. In accordance with article 9(1) of the Labour Proclamation, and to reinforce Article 1 of the CRC, the MoLHW therefore has drafted a regulation to ensure that a person below the age of 18 years cannot be employed in an occupation that jeopardizes his/her health, safety or morals. The MoLHW has finalized the draft that also includes hazardous jobs after consulting with the representatives of workers' and employers' associations. Moreover, the Labour Law provides that a disabled person may not be discriminated against as regards opportunity for or treatment in employment or wages solely due to his/her disability. All these provisions indicate that the GoSE is committed to work against all kinds of discrimination towards, in particular, vulnerable groups such as children and women. Moreover, pursuant to article 38 of the Labour Proclamation, the MoLHW has the authority to issue supervision regulations for the work condition of apprentices. There is a plan to issue regulation to control the training of apprentices. Furthermore, the minimum age of apprenticeship is 14 years as stipulated in article 68(1) of the Labour Proclamation. Since article 68(1) of the Labour Proclamation does not specify any meaning to the contrary, it is reasonable to interpret this provision as applicable to all employees and apprentices.

378. To give effect to the CRC, different governmental institutions of the country are directly or indirectly involved. These include the MoLHW, MoJ, MoE, MoH, and local or regional governments. The Public Prosecutor's Office and the civil courts are entrusted with the application of national laws and regulations while the labour inspection services ensured law and regulation enforcement. Civil society partners like the NUEW and the NUEYS also played a pivotal role.

379. The MoLHW followed closely statistical data on the employment of children and young persons, extracts from the reports of inspection services and information on the number and nature of violations detected involving children and young persons. Generally speaking, child labour in Eritrea is controlled both legally and administratively through judicial and labour inspection. If crimes related to child labour were committed in violation to the Penal Code, the Police and Prosecutors brought the case to the court. Moreover, according to article 143(1) of the Labour Proclamation, the labour inspection service is empowered to supervise the workplaces, oversee the execution of the Labour Proclamation, take corrective measures and bring offenders to justice.

380. The information obtained from the public prosecutors' office confirmed that neither cases of child labour practices in any of its forms nor violation of it had so far been filed in Eritrean courts. This shows that the efforts of the Government in preventing child labour were and still are effective.

F. Sexual exploitation and sexual abuse

(The GoSE refers to pages 90-82, paragraphs 355-359, of the CSTR; and Nos. 49 (a), (b), 50 (a), 63 and 77.)

381. Article 589(2a) of the TPCE criminalizes a person who compels a child under 15 years of age to submit to sexual intercourse to be punishable by rigorous imprisonment for up to 15 years. Apart from this, any other sort of sexual outrage or indecent act on an infant under 15 years of age or between 15-18 years of age is penalized under articles 594 and 595.

382. The MoLHW has finalized the study on CSEC and it is expected that the findings will further base information for planning and management of future interventions in the child protection programme. So far the child protection programme addressed a number of issues linked with various vulnerable groups of children. As mentioned in other sections of this report, the MoLHW is working hard to address the problem of CSEC by rehabilitating vulnerable children in home-based care, and conducting wide prevention activities including creating forums for peer group discussions.

383. During the three years under review, the large majority of sexually abused children were juveniles in the age bracket 16-18. To ameliorate the situation, the MoLHW has been supporting households that host 316 adult commercial sex workers and CSECs at risk. Counselling services and alternative long-term income-generating economic assets were also provided. This has brought about attitudinal changes among the target group and it has become common for them to make regular medical check-ups and use condoms.

384. During the period under review, the MoLHW has prepared a multidisciplinary training manual for social workers, policemen, judges, prosecutors, community leaders and administrators that are involved in the care and protection of commercially exploited children.

G. Juvenile justice

(The GoSE refers to pages 85, paragraphs 334-339, of the CSTR; and Committee's recommendation No. 79 (a), (b), (c) and (e).)

385. Juvenile justice concerns child offences and all aspects of children's involvement with the enforcers and administrators of the law and emphasizes that because of a child's age and level of understanding and maturity children were and still are given special consideration outside adult criminal justice.

386. The GoSE has taken modest steps to improve the protection of Children in Conflict With the Law (CCWL). It has established a probation service, which attempts to provide counselling for children in conflict with the law in their community to help them integrate into their neighbourhoods and schools, and set separate chambers where cases of children in conflict with the law are heard in a closed session separate from adult offenders. The Government also organizes after-care services to CCWL who complete probation and correctional periods. Advocacy is considered as one mechanism for improving the existing custody and detention centres where children are kept while awaiting trial, or in cases where parents/guardians cannot be located. In this regard, the Government has, for example, financed the renovation of the existing pre-trial detention centre of the Maekel region.

387. Under article 174 of the TCPC, the court must appoint an advocate to assist the young person in cases where no parent, guardian or other person in *loco parentis* appears to represent the young person, or when the young person is charged with an offence punishable with rigorous imprisonment exceeding 10 years. The GoSE pays fees to such advocates for rendering legal assistance to children throughout the proceedings. Furthermore, article 162 prescribes that the courts can order measures like admission to a curative, correction or rehabilitation institution, supervised education, reprimand, school or home arrest, for a young person found guilty of a crime. Only after the above-mentioned measures have been applied and failed would courts order fine, penitentiary detention or imprisonment of a young offender. This indicates that the Eritrean legal system employs detention and institutionalization of child offenders as a last resort.

388. As shown in Table 56, of the total crimes allegedly committed by the youth during the reporting period, about 88% were committed by male offenders. Moreover, all types of crimes and offences increased from 6,105 in 2008 to 7,299 in 2009 and 8,035 in 2010. Petty offences and crimes against property represented the highest percentage of misdemeanours.

Table 56
Alleged juvenile crimes reported to the police by type of offence and sex

	2008		*2009*		*2010*	
Type of offences	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*
Corruption/Counterfeiting	35	3	17	5	8	3
Attempted Homicide	253	30	192	25	267	28
Sexual Offence	206	10	193	8	143	22
Crime against Property	1 284	188	1 875	286	1 809	324
Illicit Purchase and Selling of Goods, Drugs, and Arms	241	53	324	65	383	134
Petty Offences	3 443	359	3 840	469	4 378	532
Total	**5 462**	**643**	**6 441**	**858**	**6 992**	**1 043**

Source: Eritrean Police, 2010.

389. During the reporting period, there were approximately 200 children in various places of detention in the country pending court trial, and others were serving sentences. Due to limited resources, the Asmara pre-trial detention centre could not be expanded to the other five regions. Likewise, there were no rehabilitation centres for children in CWL. This condition has forced the authorities to detain adolescent offenders in facilitating the same prison compound with adults but in different cells.

390. To ameliorate the situation the MoJ has, in collaboration with partners, been providing training on national legislation, internationally applicable standards and on the implementation of the legal instruments in the administration of juvenile justice and in the provision of material assistance during post trial detentions.

IX. Ratification of the human rights instruments

(The GoSE refers to the Committee's recommendation Nos. 15, 35, 37, 39 and 41 of the CSTR.)

391. Eritrea presented its human rights report to the sixth session of the Human Rights Council, which enabled Eritrea to tell its own story in the human rights area. The report was well received by the majority of members and observers of the Working Group (WG). The bilateral discussions the Eritrean delegation conducted with a number of departments of the Council concerning technical assistance and capacity-building issues were also positive. More importantly, the GoSE considers the Universal Periodic Report (UPR) process as an opportunity for addressing in an earnest and coordinated manner some human rights issues that have been cropping up in the country during the last few years.

392. Eritrea prepared its responses to the recommendations concerning human rights. The accepted recommendations included: (a) accessions to the Convention against Torture, the Convention on the Rights of Persons with Disabilities, Convention for the Elimination of Discrimination Against Women (CEDAW), the International Convention on the Protection of the Rights of Migrant Workers and Members of Their Families, and ILO Convention No. 182 on the Worst Forms of Child Labour and Child Rights; (b) cooperation with special procedures and United Nations treaty bodies (Committee on the Elimination of Racial Discrimination (CERD), Committee on Economic, Social and Cultural Rights (CESCR); (c) follow-up process on UPR recommendations; (d) Gender Equality and FGM/C; (e) domestic and sexual violence; (f) the rights of returnees; (g) social services, poverty reduction and MDGs; and (h) the UPR and technical assistance.

393. The MoLHW assumes the prime responsibility for the coordination of human rights issues related to the conventions on child labour, on the rights of the child and the rights of persons with disabilities. The MoLHW is also a member of the reporting committee at national level on the UDHR. The MoJ translated the UDHR into Tigrigna, and had it printed into the English and Tigrigna languages.

394. In December 2010, the MoLHW convened workshops and seminars with the objective of educating and sensitizing the UDHR and rights enunciated in the CRC. The activities encompassed upgrading the knowledge and skills of trainers of the representatives and social workers of the MoLHW in the six regions and 67 subregions who in turn trained over 2,690 CBRVs throughout the country. These CBRVs implemented all advocacy and sensitization campaigns. The training topics mainly focused on the principal provisions of the UDHR related to: (a) the general content and meaning of human rights and the 32 articles contained in the publication; (b) Eritrea as the State party to the CRC, the MoLHW as the core institution in the country, which coordinates and monitors the implementation of

the CRC and prepares periodic reports on CRC-related activities; (c) child survival, participation, protection, non-discrimination, and development of the child; (d) child labour and rights of children, and child labour protocols; (e) provisions of equal opportunities to persons with disability; and last but not least (f) harmful traditional practices such as early marriage for girls and FGM/C.

395. In addition, the Department of Labour of the MoLHW gave to trainees, as part of the educational and sensitization programme, lectures related to ILO conventions. The following ILO conventions were discussed: (i) Convention No. 87 (1948) concerning Freedom of Association and Protection of the Right to Organise ,); (b) Convention No. 98 (1949) on the Right to Organise and Collective Bargaining ,; (c) Convention No. 100 (1951) on Equal Remuneration; (d) Convention No. 111 (1958) on Employment and Occupation Discrimination ; (e) Convention No. 29 (1930) on Forced Labour ; (f) Convention No. 105 (1957) on the Abolition of Forced Labour ; and (g)Convention No. 138 (1973) on Minimum Age. These conventions and protocols and proclamations were translated into Tigrinya and distributed to the potential trainers who in turn trained CBRVs to conduct sensitization, education and awareness-building campaigns around the communities. During the period under review, the MoLHW carried out some 20 monitoring visits to observe the deliberation on the UDHR and to monitor the distribution of the manual.

396. In 2009, topics regarding the effects of HIV/AIDS, the care and protection of orphans, disabled and disadvantaged children and persons, vulnerable and out-of-school children, the 54 articles of the CRC and the contents of the UDHR were discussed in an effort to upgrade and improve the knowledge and capacity of community volunteers, social workers and representatives of the MoLHW at the region and subregion levels. The key human rights stakeholders (MoLHW, MoH, MoE, NUEW and NUEYS) presented their deliberations on how to optimise the equal participation of disabled children in available resources including attending school.

397. Key partners were trained on HRBAP, and among them a few also participated in an online gender distance programme, which enhanced the interest of senior government staff in responding to treaty body recommendations, particularly the CRC, CEDAW and the UPR. During the reporting period, the 62nd anniversary of the UDHR was jointly celebrated by UNDP, UNICEF and the European Union under the theme "Stop FGM".

398. The GoSE, between 11 December 2009 and 14 March 2010, prepared a draft document responding to the set of the 137 recommendations of the WG. This was submitted to the Ministry of Foreign Affairs (MoFA) which in turn circulated it to key Eritrean human rights stakeholders. The GoSE incorporated some of the comments of these stakeholders and prepared a final draft report stating Eritrea's position on the 137 recommendations. At a meeting held on 5 March 2009, the GoSE received comments and guidance from the national stakeholders regarding the final draft, and subsequently it prepared Eritrea's official response to the WG recommendations and presented it to the 28th meeting of the WG held in Geneva on 17 March 2010.

399. In reference to the Committee's recommendation No. 83, Eritrea has ratified more than nine international human rights instruments like the ICCPR, CRC, CEDAW, ICESR, etc. Depending on circumstances and future situation of the country, the GoSE will consider ratifying the remaining human rights instruments. So far the number of international conventions, including those directly or indirectly related to human rights, ratified by the GoSE have reached 104, three of which, namely, the International Convention Against Doping in Sport, Convention for Safeguarding Intangible Cultural Heritage, and Statute of the International Renewable Energy Agency were ratified during the reporting period. Eritrea is very much committed to the implementation and monitoring of all the conventions it has acceded to.

Children belonging to a minority group

(The GoSE refers to pages 92-93 of Eritrea's CSTR and the Committee's recommendation No. 81.)

400. Eritrean laws guarantee the equality of the nine Eritrean ethnic groups. The GoSE has been making all possible efforts to ensure the representation of the nine ethnic groups in political, economic, social and cultural activities irrespective of their population size. The MoLHW and other stakeholders (NUEW and NUEYS) also conduct continuous advocacy and sensitization campaigns on the four main principles of the CRC in all the ethnic groups so that the rights of children of minority groups are respected.

401. As stated elsewhere in this report, successful efforts have been made and are being made to ensure the provision education in the mother tongue at the elementary level. National radio programmes have been broadcasting in most of the nine ethnic groups' languages. The right to enjoy cultural activities, profess own religion and own language are guaranteed in the Constitution of Eritrea. Furthermore, all ethnic groups are equally free to be represented in any political, social and cultural activities.

X. Conclusions

402. This report sets out the legislative, administrative, judicial and operational measures taken by the GoSE to guarantee the exercise of children's rights. It also provides a critical appraisal of the condition of children in each of the areas considered.

403. Accordingly, the preceding chapters presented the condition of children in Eritrea with emphasis on the provisions contained in various articles of the CRC and the Committee's concerns and recommendations. The GoSE's policy environment, the efforts of civil society organizations, stakeholders and development partners have all added impetus to the implementation of the CRC. In this regard, the GoSE has been pursuing the policy of poverty reduction and the promotion of good governance, which are all critical to the fulfilment of the rights of children.

404. The GoSE's commitment to children is testified by the achievements scored, among others, in the fields of health, education, legislation, and child protection through actions aimed at child-centred development in which children are not just recipients of the benefits of services but also active participants.

405. The GoSE realises that improvement in the life of the child in the family and the general public at large, is of vital and of pivotal importance if development is to become meaningful. It is therefore paramount to raise awareness and create an ethos of respect for the rights of the children to meet their basic developmental requirements. Advocacy and social mobilisation are two crucial processes that the GoSE focused on to achieve its ends, and to empower the younger generation to assert their basic rights. It is for this reason that the GoSE is committed to the CRC as a basis for its strategy towards child protection and development.

406. The GoSE has exerted strenuous efforts to strengthen the legislative system to ensure children's enjoyment of the full range of their rights. It has been devoting all efforts and opening new avenues and opportunities for, among others, the continuous reduction of maternal and childhood mortality ratios and malnutrition, improvement in school enrolment rates and delivery of quality education, addressing the sufferings of children in need of special protection measures including orphans, street and working children, commercially sexually exploited children and children in conflict with the law. Notwithstanding that while there is commitment to the application of equal opportunities for all with regard to

the different types of disabled children because of luck of resources. Similarly, challenges exist to avail resources to the rehabilitation centres for children in CWL.

407. During the period under review, the assistance provided by development partners such as UNICEF, WHO, UNFPA, UNDP, Global Fund and others was helpful for the promotion and protection of the child's rights as well as for monitoring the Government's progress of its own commitment, albeit scarcity of resources. In this regard, the GoSE reiterates its commitment for the development and growth of the child in general and for the successful implementation of the CRC in particular. Notwithstanding the commitment, however, it ought to be stressed that full implementation would require both time and resources.

408. With regard to the two Optional Protocols on the involvement of children in armed conflict and on the sale of children, child prostitution and child pornography, the GoSE has been working hard to implement the provisions as stipulated in the two Protocols through legislative, executive and social actions. The Government also recognises that the fight in the prevention and eventual eradication of all forms of child abuse as provided for in the Protocols requires a holistic and a multisectoral approach.

409. In the context of the issues addressed by the two Optional Protocols, considerable effort has been exerted by the GoSE focusing on prevention, law enforcement, protection, empowerment and participation of affected and at risk children, their families and communities. The MoLHW, which is mandated to ensure the full implementation of the CRC and the two Optional Protocols, believes that the efforts being made by the Government have the potential to break the vicious cycle of exploitation and victimisation that shatters the lives of children, families and communities.

Annex

Report on the two Optional Protocols on the involvement of children in armed conflict; and on the sale of children, child prostitution and child pornography (Committee's recommendation No. 86)

1. It is to be recalled that the GoSE signed the two Optional Protocols on the involvement of children in armed conflict and the sale of children, child prostitution and child pornography on 16 February 2005.

2. During the reporting period, Eritrea has done a lot on protecting children from harmful social norms through: (a) legislative reforms (e.g., FGM/C Proclamation, law on early marriage, involvement of children in armed conflict, and other laws on child sex, prostitution and pornography); (b) public awareness; (c) the Life Skills Education which enabled teachers and students to become change agents in their school and communities; (d) the MoH's Child and Adolescent Health interventions; (e) media coverage by the MoI and awareness campaigns by the NUEW and NUEYS; and (f) engagement of community and religious leaders.

3. This brief report illustrates the GoSE's concerted efforts, in the implementation of these two Optional Protocols, through the MoLHW, the major implementing sectors and the civil societies. It tries to portray the programmes that have been implemented in an effort to minimize the risks that the young person may encounter.

A. Involvement of children in armed conflict

4. The protection of minors against military services is a norm and a political culture that the Government has been nurturing and guaranteeing. During the armed struggle for independence and the recent border conflict imposed on it by external forces, Eritrea has never resorted to the recruitment of child soldiers. This has been a persistent policy and practice of Eritrea.

5. The GoSE has put in place effective legal and practical measures to prevent under-age recruitment. Since every citizen has the duty to defend the country and to complete his/her duty in the national service pursuant to article 8 of Proclamation No. 82/1995, all men and women who are between 18 to 40 years of age, are required to do 18 months of national military service. This Proclamation clearly provides that full time students and those who are certified medically unfit are exempted from the national service. Therefore, no person below the age of 18 years is recruited to serve in the army or, in other words, there is no such practice as under-age child recruitment in the Eritrean Defence Forces.

B. Legislation on the sale, trafficking and abduction, and child prostitution and child pornography

6. The TPCE (art. 605 a, b) criminalizes any trafficking and sale of infants or women and young persons or their induction to engage in prostitution even with their consent. The same provision also subjects culprits to rigorous imprisonment for forcibly keeping children or young persons "in a disorderly house" or to subject them to prostitution.

7. Article 560 of the TPCE prohibits abduction or improper detentions of children. More severe provisions are applied under article 561 (a, b and c) when abduction is performed "with intent to take unfair advantage of the victim, or to exploit him or hold him to ransom". According to article 560 of the TCPC, the court may impose a rigorous

imprisonment of up to 20 years for cases where the abducted victim is a minor. Furthermore, article 567 provides that "where the injury to liberty, whether by intimidation, trickery, coercion, abduction, illegal restraint, enslavement, trafficking or exploitation (...) is the work of an association or band, (...) such an association shall be punishable with a fine not exceeding fifty thousand Nackfa and its dissolution may be ordered". The fine and dissolution is without prejudice to the punishment applicable to the offender or offenders on the count of his/her personal criminal guilt.

8. In more specific terms, article 605 (a, b) states that "trafficking in women, or infants and young persons, whether by seducing them, by enticing them, or by procuring them or otherwise inducing them to engage in prostitution, even with their consent..." is punishable with rigorous imprisonment.

9. Likewise, Eritrean laws highly protect the child and even adults women and men from being unduly exposed to indecent and obscene pornography that could put them in perilous physical and moral situation. In the TPCE, the following articles deal with child pornography and related indecent acts:

- Article 608 on Public Indecency and Outrages against Morals, especially when the act is knowingly performed in the presence of infants.
- Article 609 on Obscene or Indecent Publications which prohibits making, importing or exporting, receiving, possessing, displaying in public for fun or for sale or hire, distributing or circulating images, posters, films or other objects which are obscene or grossly indecent, or in any other way trafficking or trading in them; or advertises, indicates or makes known, by any means, how or from whom such copies may be procured or circulated, either directly or indirectly. This article imposes heavy penalty on culprits who "knowingly exhibit, hands over or delivers, such objects to an infant or young person for a consideration".
- Article 613 on the Protection of Infants or Young Persons which prohibits acts which are inimical to family spirit in infants or young persons, such as, public displays in a shop window, in a booth or in any other place visible from without, writings, images or objects such as to stimulate unduly, to prevent or to misdirect the sexual instincts, or anti-social feelings.
- Article 800 on Immoral Soliciting and Debauchery and article 801 on Advertising for Debauchery.

C. Contribution of traditional norms and customary laws

10. In general, the mores of the Eritrean people are repugnant towards the practice of the sale of children, child prostitution and child pornography. Communities not only ostracise perpetrators but also impose heavy fine as compensation to victims or their families. As a result, it is believed that the few problems of child sex abuse, child prostitution and pornography which crop up here and there in the country occur due to urbanisation and globalisation. However, it ought to be stressed that the Government is conscious about the potential threats and has been working to confront the emerging situations by ensuring that proper legislation is in place and preventive and rehabilitative programmes and projects are launched and implemented. The sale of children is not only prohibited by law but it is also not practised in all the ethnic groups of Eritrea.

11. Albeit the fact that the socialization process of the child might differ from one ethnic group to the other, the role of the family in this process is crucial in all of them, because families bear the prime responsibility for ensuring that the young grow and easily assimilate in the community. The family is the first contact point for the infant to learn good and bad and what the accepted norms and mores of the community are. It is from the family that

first he/she learns the accepted pattern of wearing, the relationship between boys and girls, unaccepted language, gesture, behaviour, etc., that basically discourage unwanted sexual practices and manifestations. In other words, children learn about the taboo of sexual abuses and indirect behaviour at an early stage from the family and their immediate social milieu. At the community level, early detection of malpractices and obscene language by children are discussed and solutions sought in their "*Baitos*" or peoples council.

12. In general, child prostitution and pornography is a taboo in all the nine ethnic groups of Eritrea. According to the book on traditional laws of Eritrea *(Serate Mihderan Higin Bahlin Hibreteseb Eritra' June 2011)*, compiled and published by the MoJ, a detailed description of the customary laws and cultural practices and norms regarding the rights and up-ringing of the child in the nine ethnic groups of Eritrea is documented. The book also reiterates that in all the traditional customary laws of the Eritrean people, prostitution in general and child prostitution in particular is not allowed and offenders and culprits are ostracised and heavily fined. The MoE is using this book as a source material for students to acquire traditional knowledge on the values and norms of the society and to bring about behavioural changes and positive culture-sensitive practices within the youth.

D. Programmes and activities implemented

13. The continuous advocacy and awareness-raising campaigns, seminars and workshops conducted have throughout the reporting period have been adequately discussed in the relevant sections of this CRC report. To elaborate, however, through the coordination of the MoLHW all stakeholders including: (a) sector ministries – the MoE, MoH, MoJ, the Police and MoI; (b) regional administrations at all levels and communities; (c) civil societies – NUEW, NUEYS; (d) international partners such as UNICEF, UNDP, UNFPA and others, have tirelessly worked to discourage the *tendency* to practice child prostitution and child pornography in Eritrea. Indeed, all the reports of the MoLHW and that of child programme implementing partners suggest that the results are encouraging and the tendency seems to have been arrested although continuous efforts need to be made to sustain the achievements. Brief highlights of the efforts made by all implementing sectors and partners will be presented in the following sections.

14. The MoLHW often carries out advocacy and sensitization activities were carried along in the same forum with other activities basically when discussing the four principles of child rights as enunciated in the CRC. In like manner, other child programme and project implementing bodies, including regional and subregional bodies also undertake sensitization and awareness creation programmes and activities regarding child sex abuse, pornography in conjunction with their other work.

15. Communities and community elders, officials at the different levels of the administrative structure and the public at large were sensitized on the knowledge and ideas, legal and moral principles and the effects of inaction of child abuse in all its forms. Among the effects and consequences of child prostitution discussed included early teenage pregnancy, illegal abortion, abuse of child right and the high probability of HIV infection. Participants and families were able to clearly understand all these.

16. One of the priorities of the five-year plan of the MoLHW has been the reduction and elimination of social problems through advocacy, prevention and rehabilitation. Towards this endeavour the MoLHW has: (a) set up the organizational structure for the coordination of the CRC and Optional Protocols as indicated in this fourth CRC report; (b) accumulated the required experience in the implementation and reporting of programme/project activities in combating these social problems; (c) recruited and trained more CBRVs to be deployed at the region, subregion and village community levels with the training focused on enhancing the skills and competencies of social workers and the community change agents to conduct awareness campaigns to combat, stave off and prevent the proliferation of

commercially exploited children and the respect of human rights of those already enrolled in this risky business; (d) launched the Community-based Prevention and Rehabilitation Programme in 51 subregions and over 2,690 CBRVs have been sensitized and enhanced the awareness level of communities on different social problems including the harmful effects of commercial sex workers with special focus on commercially sexually exploited children; (e) deployed social workers in all the six regions to provide psychosocial counselling; (f) implemented community outreach programmes for sex workers in general and commercially sexually exploited children in particular through peer coordinators, who are adult sex workers and social workers, with the aim of reintegrating them with their families and those opting to rejoin their families and pursue their education have been provided with educational kit; and (g) provided vocational training and basic tools to young sex workers who opted to be reintegrated with their families and pursue alternative means of livelihood.

17. In short, while the MoLHW carried out awareness-raising campaigns through seminars and workshops, public mass media (sponsored by the MoI and NUEYS) and focused on the prevention and effects of engagement in commercial sex work as a whole and on how to monitor possible occurrences and manifestations of child prostitution. Target participants in the workshops and seminars were, among others, CBRV workers, resource persons, religious leaders, community elders and household heads both women and men. The CBRVs and volunteer leaders have been sensitizing families and communities to strengthen their roles to prevent and control young girls from joining the child prostitution business.

18. As part of the Government's social protection measures, the MoLHW has been implementing the ORP whose target beneficiaries were HIV infected or affected OVCs and their host families. The MoLHW provided direct cash support to orphans (Nfa 500 each per month) and income-generating projects for host families. The main findings of an independent impact evaluation revealed that the income-generating funds given to host families as well as the cash grant fund to OVCs has brought about positive changes in the lives of the beneficiaries. As a result, orphans and vulnerable children have been able to attend schools, which would not have been possible without the project's intervention. Those who, for various reasons, were not able to continue their education were given skill training for gainful employment. The support has also helped the children overcome the stigma associated with HIV/AIDS through community sensitization and awareness-raising activities. Moreover, the project contributed in supporting host families to carry out their livelihoods with ease by enhancing their earnings.

19. The MoLHW also implemented different types of intervention programmes with the aim of safeguarding the growth and development of orphans and to influence the family environment so that the optimum development of orphaned children would be promoted. In this regard, the MoLHW formulated realistic policy options for disadvantaged and vulnerable children, including orphans and street children, using the community-based approach. These include: (a) re-unification; (b) adoption; (c) fostering; (d) group homes; and (e) orphanages. This shows that the Government has always responded to the problem of the survival of orphans by enhancing the awareness of the society for the care of orphans, reunifying orphans with their closest blood relatives and providing long-term economic support for orphan care-taking families through income-generating schemes. The general objective of the reunification programme of orphans with their closest extended families as the first and most sustainable approach is to provide them with basic needs like food, shelter, clothing, education, health care, etc., and to extend to them the required love, compassion, affection, and protection similar to those of their peers living with their own families. The MoLHW has given top priority to the reintegration of orphans with their kin or adopted or housed in-group homes. This intervention has, in its own right, supported orphans hosted in 22 group homes. As already mentioned, the GoSE places orphans in orphanage centres only as a last resort.

20. The GoSE is strongly committed to the implementation of the reunification of orphans with close relatives or extended family members to enable them get a stable life after the loss of their parents. Although the extended families have been rendering due care to the orphaned children, the Government supported these disadvantaged families through financial support for income-generating activities. This strategy is still considered the best option for meeting the socioeconomic and psychosocial needs of orphans. The MoLHW placed many orphans in extended families as a way of providing care and protection familiar to a family environment. Independent evaluations carried out during the reporting period strongly suggest that children placed with extended families enjoyed care and love similar to those children who live and grow with natural parents. Orphan children for whom close relatives could not be found were placed in orphanages. During the period 2008 to 2010, 7,362 orphans (47% females) were reunified with 2,905 families.

21. Thanks to the economic support given to the disadvantaged families taking care of orphans, the host families' livelihood has improved in terms of food security status not to mention improvement in and with regards to the health condition and school performance of the orphans themselves. Moreover, reunifying orphan children with blood relatives was found to be not only cost-effective but also an efficient way of healing the psychological wounds of orphans. Between 2008 and 2010, the economic assistance to the host families has thus brought significant changes in the life style of assisted families not only by raising the socioeconomic status of host families but also by directly affecting the orphan children themselves. For example, by prioritising female-headed households for support and economic assistance, women were given the opportunity to go beyond traditional subsistence farming and engage in production and marketing of local agriculture crops.

22. The MoLHW implemented sensitization programmes to the population about opportunities for adoption, provided social support services for adoptive families and conducted follow-up studies to assess the efficacy of the programme. A small number of orphans were reunified with adoptive parents through the course of 2008-2010. However, from the monitoring visits conducted it was observed that the adopted orphans were in good health and their living condition was better compared to those living in orphanages.

23. Group-home care provided a family-like lifestyle to orphaned children with the help of trained caregivers. This is preferred when foster or adoptive parents are not available. Each group home cared for 12 children and had a mother and an assistant. Such group home services are based within communities and enabled orphaned children to go to local schools, play and interact with local children and feel a sense of belonging to family and community. Selection of the children is based on factors like loss of both parents and/or cases where the whereabouts of parents is unknown. Similarly, orphans who were not placed in extended families were also eligible for placement in group homes.

24. In the period under review, children in group-home care were placed in the regions and villages from which they originated with the intention of preserving their identity and to enable them to benefit from community resources when they grow up. The group homes were administratively attached to the regional and subregional offices of the MoLHW to facilitate the delivery of necessary social services such as education, health, and socialization. The resident host communities in the towns and villages where the group homes were situated are extremely cooperative. They treated orphans as part and parcel of the host communities and provided them with the same rights as any other indigenous person including obtaining access to residential land when he/she becomes an adult. Elders visited the group homes and told the orphaned children about the ethno-history of the community, treated them as part and parcel of the village/town children, and were committed to providing orphans with the same rights as those given to any other indigenous person in the host community.

25. CBGH services managed by the MoLHW in the six regional administrations have helped the orphans from both sexes to attend school, to grow in a family like environment and learn from their peers and sociocultural milieu. In 2009, there were 22 CBGHs operating throughout the country hosting 260 orphaned children of both sexes. Almost 40% of the orphans were in the age bracket of 5-9. Each group home catered for 12 children and had a mother and a father figure and acted like a natural family at home.

26. The GoSE opts to place orphans in orphanages as a last resort, and as a result has been striving to continuously de-institutionalize them. Nonetheless, in the three years between 2008 and 2010, the cumulative numbers of orphans in orphanage centres were 294, 349 and 341, respectively, of which almost half were girls. During the same period, over 900 orphans from orphanages were reunified or adopted or transferred to CBGH.

27. The MoLHW as the major responsible agency for the support of HIV/AIDS affected families, has been implementing programmes for the rehabilitation of 3,600 HIV/AIDS affected families to: (a) strengthen their coping capacities by way of income-generating activities; (b) enable such families look after their members; (c) strengthen the care and support to be provided by families and communities; and (d) provide assistance to extended families who care for children of parents who have died of AIDS and for child headed households on sustainable basis.

28. These families have been traced and offered a monthly financial contribution as support for family members' nutrition and children's education. This has helped them to improve their nutritional status and to cover school expenses. Moreover, the MoLHW has been implementing the provision of support in the form of grant fund to families that host children infected with HIV/AIDS to start small-scale income-generating activities to solve the long-term economic problems.

29. The MoLHW is in the process of preparing a Comprehensive Child Policy the objective of which will be to guide the actions for addressing the broad aspects of childcare and protection issues, including the needs of vulnerable children. It is expected that the document will facilitate and synchronize the intervention of the various stakeholders concerned with or involved in the areas of child welfare and development.

30. Through the school health clubs young students have been learning about sex and sexuality, including lessons about sexual abuse, pornography and substance abuse, and on the consequences of premarital sex and its harmful effects such as teenage pregnancy and infection by HIV/AIDS. The school curriculum of the MoE includes lessons and topics on sex, sexuality, marriage and interpersonal relationships and is expected to equip the young learners with life skills that would eventually lead to desirable behavioural changes and practices. Moreover, students are sensitized by their teachers and parents on moral and ethical issues set as prescribed standards and rules by the MoE. In this connection, the positive influencing factor of school uniform on the behaviour and morality of students and hence its deterrent effects on the moral and sexuality of the young cannot not be underestimated.

31. The child and adolescent health programme of the MoH is crucial for the all-round development, survival and growth of the child. Towards this objective, the MoH has been developing Adolescents' Health Policy and Strategic Plan, which will advocate for the right of children to be heard, view their opinion in communities, families and in schools. In the rapid assessment conducted towards the end of 2008, the main sources of information for the gathering information on needs of adolescents and on health and information services were the adolescents themselves. The MoH plans to finalise the strategy for adolescent health and information services by 2011 and adolescents from all the regions are expected to participate.

32. Through the school based health programme, the MoH has been implementing sex and reproductive health education for middle and senior secondary school students. Life skill education is given to students regularly starting from grade 6. Knowledge attitude and behavioural practices on HIV/AIDS among schoolchildren between the ages of 10 and 18 have been going on during the reporting period. Following the findings and recommendations made in the mid-term review conducted in 2009, the MoH established a maternal health unit under the Young Child Survival and Development Unit. Currently MoH is conducting a research on the comprehensive assessment on the nature and extent of adolescent health problems in Eritrea. All these efforts are expected to enhance children's and adolescent's life skills and hence their full awareness of the relationship between sexes vis-à-vis the norms and mores of the Eritrean society.

33. Advocacy works and awareness-raising activities have been implemented throughout the country to prevent crimes against the child, child sexual abuse and child prostitution. Notable of such efforts include that of the MoI which censors real or simulated child sexual abuse in the public media such as radio, television, newspaper and magazines, books, cinema and theatre, etc. Besides, it has been broadcasting many hours of advocacy and awareness-raising programmes on radio and TV channels. In close coordination and cooperation with the NUEW and NUEYS it has been broadcasting dramas and discussions on topical issues such as child sex and sexuality, early marriage, violence against the girl child and women, FGM/C, etc. This is without detriment to the efforts that were being made by the Eritrean Police in attempting to prevent the offences referred to in the two Optional Protocols being reported.

34. Civil societies mainly the NUEW and the NUEYS have also been active in carrying advocacy and awareness-raising campaigns. For example, the NUEW had been advocating against violation of all forms of gender discrimination and abuses, and the NUEYS have been empowering adolescents by engaging them in interactive dialogue, debates, drama, etc., so that they would be able to freely express their views and discuss diverse topics including on how to protect themselves from sexual deviants and criminals.

35. Eritrean Government representatives attended the Third World Congress against Commercial Sexual Exploitation of Children held in Rio de Janeiro, Brazil, in November 2008, where they joined with other delegations in adopting the concluding documents of the congress. In 2009, the MoLHW conducted an empirical research on "Combating the Commercial Sexual Exploitation of Children: Analytical Study for Policy Response". The study attempted to identify the causes that force/encourage young girls to be engaged in commercial sex. It passed a set of recommendations related to policy issues and on the need to strengthen the preventive and rehabilitation services. The recommendations helped the MoLHW and other implementing partners to make informed judgement in taking appropriate actions aimed at improving the situation of children within the framework of the ministries' Five-Year Strategic Plan (2012 to 2016).

36. In 2009, Eritrea participated in the regional meeting on justice for children held in Lilongwe, Malawi. The participants were from the MoLHW, Attorney General and the Eritrean Prison Rehabilitation Services. They presented Eritrea's Map on the Child Justice System as well as the country action plan on justice for children 2010-2011. During the second quarter of 2010, the MoJ gave legal training to lower court judges, prosecutors and other court officials on the newly prepared draft codes. These new draft laws have introduced a lot of provisions that protect the rights of the child. Training on CCWL on international juvenile justice was also given to prison officers. During the period under review, seven partners visited Sudan to share experiences on OVCs and child justice interventions.